NEW YORK STATE ASSOCIATION OF

CITY AND VILLAGE CLERKS

APPLICATION FOR INSTITUTE/MMC

SCHOLARSHIP YEAR _____

Name: _____ Title: _____

Municipality: _____Population: _____

Address: _____

Application for (Check One) CMC _____ MMC _____

This is my _____ year of attendance.

Have you previously received a scholarship from NYSACVC? _____ When? _____

Are you a member of NYSACVC? _____ If yes, number of years _____

Are you a member of IIMC? _____ If yes, number of years _____

Date: _____ Signature: _____

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SCHOLARSHIP APPLICATION INFORMATION

Dear Fellow Clerk:

Attached please find an application for a New York State Association of City and Village Clerks scholarship to attend the Certified Municipal Clerk Institute or master Municipal Clerk Academy at Cornell University. Follow the instructions below and send the completed application to:

Randy Bond
Village Clerk
Village of Sands Point
P. O. Box 188
Port Washington, NY 11050

If you have any questions, please feel free to contact me at 516-883-3044.

Sincerely,

Randy Bond
NYSACVC Scholarship Committee

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