



NEW YORK STATE ASSOCIATION OF CITY AND VILLAGE CLERKS

APPLICATION FOR INSTITUTE/MMC SCHOLARSHIP YEAR _____

Name: _____ Title: _____

Municipality: _____ Population: _____

Address: _____

Phone number: _____ E-mail: _____

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: _____



OPTIONAL – To be completed by the City or Village.

STATEMENT OF COMMITMENT

I/We, the _____ of _____, do hereby agree that if _____ is awarded a NYSACVC scholarship, in the amount of \$_____, our municipality will assume all additional costs related to his or her attendance at the IIMC Institute or MMC Academy over an above the scholarship amount awarded for the year 20___. The cost of the Institute/MMC Academy, including lodging and meals, is \$_____. Miscellaneous expenses may be additional.

Date: _____ Signature/Title: _____