



## MASSACHUSETTS TOWN CLERKS ASSOCIATION CONFERENCE SCHOLARSHIP APPLICATION

	YES	NO
1. I am a Town Clerk or an Assistant Town Clerk.	_____	_____
2. I am the only applicant from my municipality applying for this conference.	_____	_____
3. I have been denied all or partial funding from my municipality and I am enclosing a Letter of Denial from my municipality.	_____	_____
4. I am a member in good standing of the Massachusetts Town Clerks Association.	_____	_____
5. I have paid my annual dues to the MTCA and have been a member for at least one year prior to the date of this application.	_____	_____
6. Have you been awarded a MTCA Scholarship in the past? If so when? _____	_____	_____
In what amount? _____		

If you have answered YES to questions 1-5, you may apply for financial assistance. If you have answered NO to any of the above, you must include a letter of explanation stating why you have not complied with the above criteria. All applications must be received 30 days prior to the MTCA conference.

### PLEASE NOTE:

If you live within a 50-mile radius from the conference site, scholarship funding will be limited to the conference registration, lunch and banquet.

If you live outside a 50-mile radius from the conference site, scholarship funding may include registration, meals and hotel accommodations.



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The MTCA has funds available for scholarships, but encourages all applicants to reach out to other clerks to share a hotel room prior to the application being made, allowing funds to be available to as many clerks as possible.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Town You Are Employed By \_\_\_\_\_

Job/Title or Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Personal Phone \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_

My Municipality Will Pay \$ \_\_\_\_\_

Please Check the Following:

Thursday Breakfast \_\_\_\_ Thursday Lunch \_\_\_\_ Thursday Banquet \_\_\_\_ Friday Breakfast \_\_\_\_

Thursday Banquet Meal Option (if Applicable) \_\_\_\_\_

Meals Total \$ \_\_\_\_\_

Conference Registration Total \$ \_\_\_\_\_

Hotel Wednesday \$ \_\_\_\_\_

Hotel Thursday \$ \_\_\_\_\_

**Total Requested from MTCA \$ \_\_\_\_\_**

My Municipality Will Pay \$ \_\_\_\_\_

Return this Application, Letter of Denial, and any Additional Letter of Explanation to the MTCA Scholarship Chair, **30 Days Prior to the Conference**: Danielle M Sicard, 136 Elm Street, Easton, MA 02356 - [dsicard@easton.ma.us](mailto:dsicard@easton.ma.us).



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***FOR USE BY THE MTCA CONFERENCE SCHOLARSHIP COMMITTEE ONLY:***

Date Application Received \_\_\_\_\_ Date Action/Vote Taken \_\_\_\_\_

Amount Awarded to Applicant \_\_\_\_\_ or Reason for Denial of Application \_\_\_\_\_

Date of Notice Given to Applicant \_\_\_\_\_

Date of Notice to Hotel Coordinator (2<sup>nd</sup> VP) & Conference Registrar: \_\_\_\_\_

Date of Notice to Conference Registration/Meals Coordinator \_\_\_\_\_