

MASSACHUSETTS TOWN CLERKS ASSOCIATION

SCHOLARSHIP APPLICATION FOR MTCA CONFERENCE

- | | 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.

The MTCA does have 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, so as to allow funds to be available to as many clerks as possible.

NAME _____

HOME ADDRESS _____

TOWN YOU ARE EMPLOYED BY _____

JOB/TITLE OF POSITION _____ BUSINESS PHONE _____

EMAIL ADDRESS _____ PERSONAL PHONE _____

TOTAL AMOUNT REQUESTED \$ _____ MY MUNICIPALITY WILL PAY _____

PLEASE CHECK OFF THE FOLLOWING:

THURSDAY BREAKFAST ____ THURSDAY LUNCH ____ THURSDAY BANQUET ____ FRIDAY
BREAKFAST ____

MEALS TOTAL _____

CONFERENCE REGISTRATION TOTAL _____

HOTEL: WEDNESDAY _____ THURSDAY _____ HOTEL TOTAL _____

CONFERENCE REGISTRATION _____

TOTAL AMOUNT BEING REQUESTED OF THE MTCA _____

MY MUNICIPALITY WILL PAY _____

RETURN THIS APPLICATION, THE LETTER OF DENIAL, AND ANY ADDITIONAL LETTER OF EXPLANATION TO THE MTCA SCHOLARSHIP CHAIRMAN – NANCY J. TALBOT, 126 MAIN ST. SUITE F, WARE, MA 01082 OR ntalbot@townofware.com
30 days prior to any conference you are applying assistance for

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 _____

DATE OF NOTICE TO CONFERENCE REGISTRATION/MEALS COORDINATOR
