



**2023**  
**City Clerks and Municipal Finance Officers Association**  
**Master Academy Scholarship Application**

**Application Due: September 30, 2023**

**Mail to:** City of Osborne  
Attn: Hanna Eilert, CMC  
128 N 1<sup>st</sup> St  
Osborne, KS 67473  
**Email:** osbornecityclerk@ruraltel.net

PLEASE TYPE OR PRINT  
INFORMATION REQUESTED

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Last Name	First Name	Municipality
<hr/>		
Mailing Address	City and State	Zip Code
<hr/>		
Telephone Number	Fax Number	E-mail Address

Have you received a CCMFOA Academy Scholarship previously?  No  Yes  
(If you answered yes, CCMFOA only allows an individual to receive this scholarship once so you are not eligible.)

Population of your Municipality \_\_\_\_\_ Title \_\_\_\_\_

Are you a current member of IIMC? \_\_\_\_\_

Are you a current member of CCMFOA? **(Dues for 2023 must be paid at time of application)**  No  Yes

**Applications must include:**

1. A personal letter explaining your reasons for attending Academy and for applying for the scholarship. (The letter should include: A statement of “why you wish to go” and a statement of financial need)



# 2023

## City Clerks and Municipal Finance Officers Association

### Financial Information

Latest General Fund Budget for your Municipality \$ \_\_\_\_\_

Amount budgeted for this event/conference \$ \_\_\_\_\_

Have you attended any CCMFOA conferences in the past?  Yes  No

#### CCMFOA SCHOLARSHIP COMMITTEE GUIDELINES FOR SCHOLARSHIP AWARDS

**These Guidelines are specific to the Master Academy Scholarship:**

- The applicant must be a member in good standing with their dues paid for current year with CCMFOA by time of application.
- The applicant must have obtained their CMC.
- The amount of the scholarship will be the registration fee for the Master Academy and one-half of a single/double occupancy room and up to \$75 for mileage and other expenses.
- Three (3) scholarships for Master Academy will be awarded each year.
- Scholarship applicants must complete and submit the Master Academy Scholarship application to the Association Treasurer by mail or email. Applications will be accepted from August 1st – September 30th prior to the Academy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### For Official Use

Date of Application Receipt \_\_\_\_\_

CCMFOA Dues Current

Personal Letter

Award Granted

Award Denied

Amount Awarded: \$ \_\_\_\_\_

# ACADEMY TRAVEL EXPENSE FORM

Date submitted: \_\_\_\_\_ Date of Academy: \_\_\_\_\_

Scholarship Recipient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reimbursement to: \_\_\_\_\_  
Costs incurred by the recipient's employer will be reimbursed to the employer before costs are reimbursed to the recipient.

Name of the City: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
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\_\_\_\_\_

City State Zip \_\_\_\_\_

ATTACH RECEIPT FOR EACH EXPENSE

The scholarships will pay for registration and one-half of a single/double occupancy room and up to \$75 for mileage and other expenses.

Registration	Paid to WSU	[Main Conference registration only]
Lodging (1/2)		
Travel		[Mileage: Paid at the current IRS rate]
Meals		
Miscellaneous		[Transportation fee, parking, tolls (Max. \$75 allowed)]
<b>Reimbursement</b>		

I hereby certify the above to be true and correct. \_\_\_\_\_  
(Signature)

Please submit this expense report to the CCMFOA Treasurer as soon as possible. Any transactions other than for the Academy should be marked out (to include account number or personal information.) All expenses must have a receipt attached to this form to be reimbursed.