



2023
City Clerks and Municipal Finance Officers Association
Institute Scholarship Application

Application Due: **September 30, 2023**

Mail to: City of Osborne
Attn: Hanna Eilert, CMC
128 N 1st St
Osborne, KS 67473

PLEASE TYPE OR PRINT
INFORMATION REQUESTED

Email: osbornecityclerk@ruraltel.net

Last Name	First Name	Municipality
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Mailing Address	City and State	Zip Code
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Telephone Number	Fax Number	E-mail Address
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Have you received a CCMFOA Institute 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 Institute and for applying for the scholarship. (The letter should include: A statement of “why you wish to go” and a statement of financial need.)
2. A letter from your Mayor, Manager, Council or Board supporting your commitment to CCMFOA/IIMC educational programs.



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 Institute Scholarship:

- The applicant must be a City Clerk, Assistant City Clerk or Deputy Clerk; must be a member in good standing with their dues paid for current year with CCMFOA by time of application.
- The amount of the scholarship will be the registration fee for the Institute and one-half of a single/double occupancy room and up to \$100 for mileage and other expenses.
- Up to eight (8) scholarships are available for the 2023 Institute.
- All attendees are encouraged to apply. Preference may be given to first time attendees and cities of the second and third classes.
- Scholarship applicants must complete and submit the Certification Institute Scholarship application to the Association Treasurer by mail or email. Applications will be accepted from August 1st – September 30th prior to the Institute.

Signature of Applicant

Date

For Official Use

Date of Application Receipt _____

CCMFOA Dues Current

Personal Letter

Letter from Mayor, Manager or Council

Award Granted

Award Denied

Amount Awarded: \$ _____

INSTITUTE TRAVEL EXPENSE FORM

Date submitted: _____ Date of Institute: _____

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: _____

Mailing Address: _____

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 \$100 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. \$100 allowed)]
Reimbursement		

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 Institute should be marked out (to include account number or personal information.) All expenses must have a receipt attached to this form to be reimbursed.