2026

City Clerks and Municipal Finance Officers Association

Master Academy Scholarship Application

Application Due: August 1, 2026

PLEASE TYPE OR PRINT
REQUESTED INFORMATION

Mail to: City of Mount Hope
Attn: Leslie Stephan
211 W. Main
Mount Hope, KS 67108
Email: Leslie@mounthopecity.com

Last Name | First Name | Municipality

Mailing Address | City and State | Zip Code

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 2025 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)

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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 the current year with CCMFOA by the 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 July 1st – August 1st before 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: _____

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 $75 for mileage and other expenses.

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