City Clerks & Municipal Finance Officers Association

2026

City Clerks and Municipal Finance Officers Association

Institute Scholarship Application

Application Due: August 1, 2026

PLEASE TYPE OR PRINT
REQUESTED INFORMATION

Mail to: City of Mount Hope
Attn: Leslie Stephan
112 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 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 2025 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.

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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 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 the current year with CCMFOA by the time of application.
- The scholarship amount will be the registration fee for the Institute, 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 2026 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 July 1st – August 1st before 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.