

ICCTFOA SCHOLARSHIP APPLICATION
(deadline August 3, 2017)

DATE OF INSTITUTE: SEPTEMBER 20-22, 2017

I hereby make application for scholarship assistance from the scholarship fund of ICCTFOA to be used for registration at the ICCTFOA Institute.

Name: _____
Title: _____
Municipal Employer: _____ Population: _____
City Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Telephone: _____ Fax: _____
Email: _____ Office Hours: _____

Are you a current member of ICCTFOA? Yes ___ No ___

Please fill in the number of years you have been employed in each position within your City:
City Clerk: _____ Clerk/Treasurer: _____ Finance Director: _____ Deputy: _____

Other related governmental experience:

Governmental Agency	Title	Years
_____	_____	_____
_____	_____	_____

Education (circle one) H.S. Grad. 13 14 15 16+

Degree (s) _____

How much does your municipality budget annually for your education, conferences, meetings, travel, etc?
(Please include a copy of or indicate the amount of your travel budget)

Please provide the committee with information you feel should be considered to assess your financial need for this scholarship?

Please briefly explain your reasons for wishing to attend the institute.

Have you ever received a ICCTFOA Institute Scholarship?

Yes ___ No ___ If yes, when? _____

Have you applied to your municipality for funds to attend the ICCTFOA Institute?

Yes _____ No _____

Please explain the action taken to your request and by whom.

Have you obtained permission from your municipality for time off to attend the ICCTFOA Institute?
Yes _____ No _____

Have you attached all necessary documentation of this request and action?
Yes _____ No _____

When last did you attend the September Institute? _____

Please complete the Budget request form below

ICCTFOA Scholarship Budget Request

Registration	<u>195.00</u>
Travel/Transportation	<u> </u>
Lodging	<u> </u>
**Meals not covered by Institute	<u> </u>
Total Estimated Cost of the Conference	<u> </u>
City is able to Pay	<u> </u>

*****Scholarship Amount requested**
***** The maximum amount of the scholarship is \$500.00**

**** Meals that will be covered at the Institute include the following:**

- **Wednesday, September 20 Lunch only;**
- **Thursday, September 21 Breakfast, Lunch and Dinner;**
- **Friday, September 22 Breakfast only**

I understand that if a scholarship is awarded to me it must be used for the year in which it was awarded at the ICCTFOA Institute and I do hereby attest that the information submitted with this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

DEADLINE FOR FILING APPLICATIONS, AUGUST 3, 2017
PLEASE E-MAIL DOCUMENTS TO:

Email: renata@cdaid.org

RENATA McLEOD
CITY OF COEUR D'ALENE
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