

WCEF

WISCONSIN CLERK'S EDUCATION FUND
thru WMCA-Wisconsin Municipal Clerks Association



SCHOLARSHIP APPLICATION FOR THE WMCA ANNUAL CONFERENCE

[Please Print]

2. Last Name: _____ First Name: _____

Municipality: City Town Village of _____
(check one)

Municipality Address: _____
(City) (Zip Code)

Work Phone: (____) _____ Home Phone: (____) _____

3. Name of Immediate Supervisor: _____ Phone: (____) _____

4. Your Title: _____

5. Date Hired/Appointed/Elected: _____

6. Please check the statement that is true:

- My position is Full-Time
 My position is Part-Time and I work approximately _____ hours per week

7. I am a member of the WMCA

8. Please check the **one** statement that is correct:

- I have never attended a WMCA Annual Conference
 I have attended 1 to 5 WMCA Annual Conferences
 I have attended 6 to 10 WMCA Annual Conferences
 I have attended more than 10 WMCA Annual Conferences

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

9. Have you attended any other educational sessions within the last year? If yes, what were they: .

10. Please explain your reason(s) for wishing to attend, or continuing to attend the Annual Conference. _____

11. Check one of the following to finish this statement: If I do not receive a scholarship:

- My municipality will pay for my attendance
- My municipality will pay a portion for my attendance*
- I will pay my own way to the conference
- I will not be able to attend

11.a. * How much of the cost of an Annual Conference is your municipality willing to contribute based on their current budget for education, conferences, meetings, travel, etc? _____

12. Is there anything else the Committee should consider in assessing your need for this scholarship? _____

13. Have you received any other scholarships this year? Yes No
If yes, please list from which organizations and type of scholarships

Checkmark the following to acknowledge that you have read and will comply:

- I have submitted a letter from my Supervisor, Mayor or Board, along with this application, confirming my municipality's support of my attendance to the WMCA Conference. (Your application is forfeit if there is no letter.)
- I understand that if a scholarship is awarded to me, I must attend the annual WMCA Conference this August and will attend all required classes.
- I also understand that registration fees for the pre-conference classes and events (New Clerks Class, UWGB, or Athenian Dialogue) are not included in the scholarship monies. Scholarship monies include the conference registration fee and lodging at the host hotel.
- I also understand that if I am not employed at the same municipality at the time of the conference, I will forfeit the scholarship.

I do hereby attest this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

To be considered for a WCEF scholarship, this application must be postmarked no later than June 30th.

Please complete and mail to: **Wisconsin Clerks Education Fund
Committee c/o WMCA
1414 Montclair Place
Fort Atkinson, WI 53538**