ADVANCED PROFESSIONAL DEVELOPMENT SCHOLARSHIP PROGRAM APPLICATION

NAME	TITL	TITLE	
MUNICIPALITY EMPLOYER	EMA	IL	
ADDRESS			
CITY, STATE, ZIP CODE			
Are you currently employed by a municipality?	□ Yes	□ No	
Are you a current member of TMCA, Inc.?	☐ Yes	□ No	
Are you currently enrolled in the Recertification Program?	□ Yes	□ No	
Have you completed at least two recertification cycles?	☐ Yes	□ No	
Have you previously received a scholarship?	□ Yes	□ No	
Scholarship da	ate(s)		
☐ Attach your letter of commitment stating how your educe the Texas Municipal Clerks Certification or Recertification ☐ Attach current TMCCP transcript.		ofessional goals will be enhanced by completion of	
•	•	J	
attest that the information in and with this application	on is true an	a correct.	
SIGNATURE		DATE	