



## Texas Municipal Clerks Association, Inc.

1155 Union Circle #305067, Denton, Texas 76203-5017 | 940-565-3488 | municlerks.unt.edu

# Application for TMCA Lila Fern Martin Scholarship

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

CITY OF \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MUNICIPAL POSITIONS HELD	CITY/ORGANIZATION	FROM MM/YYYY	TO MM/YYYY
City Secretary/Clerk			
Dep./Asst. City Sec./Clerk			
Other TMCA Member			

Have you been awarded a Lila Fern Martin Scholarship in the past? ☐ Yes ☐ No

If so, what year? \_\_\_\_\_

### PROFESSIONAL INFORMATION:

Currently a paid member of TMCA, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently enrolled in Certification/Recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years a member of TMCA, Inc.? _____	Currently a Texas Registered Municipal Clerk? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of certification: \_\_\_\_\_ Date(s) of recertification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL INFORMATION:

### TEXAS MUNICIPAL CLERKS CERTIFICATION PROGRAM

Year enrolled in TMCCP \_\_\_\_\_

#### (Certification Program Enrollees)

Number of course(s) completed \_\_\_\_\_

(one course =

4 modules homework, 1 exam, 2 required seminars)

#### (Recertification Enrollees)

Number of education points accumulated \_\_\_\_\_

Number of required seminars completed \_\_\_\_\_

Expected Certification or Recertification date \_\_\_\_\_

► **PLEASE ENCLOSE A RESUME, A TMCCP TRANSCRIPT, AND AN OFFICIAL TRANSCRIPT FROM EACH COLLEGE ATTENDED**

(Complete the following section **ONLY** if scholarship is to be used for college.)

**NOTE:** Applicant must have already obtained the TRMC to be eligible to use scholarship funds for college.

#### COLLEGE OR UNIVERSITY

Name of Institution \_\_\_\_\_

Department/School/College \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Year enrolled \_\_\_\_\_ Number of hours earned (minimum of 30 required) \_\_\_\_\_

Current grade point average \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Degree plan filed with the institution? ☐ Yes ☐ No (► If yes, please attach a copy.)

### APPLICANT PLEASE READ AND SIGN:

I have read and understand the eligibility requirements for application for a scholarship. I understand and shall comply with the post award requirements of the scholarship. I attest that the above statements contained in this document are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application must be received by JUNE 15.**