SMALL TOWN SCHOLARSHIP PROGRAM APPLICATION

NAME	TITLE	
MUNICIPALITY EMPLOYER	EMA	IL
ADDRESS		
ABBREOG		
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 a new enrollee or have you been enrolled in the program less than 2 years?	□ Yes	□ No
Have you previously received a seminar scholarship?	☐ Yes	□ No
Scholarship da	ate(s)	
Attach your letter of commitment stating how your eduche Texas Municipal Clerks Certification or Recertification I		ofessional goals will be enhanced by completion of
☐ Attach current TMCCP transcript.		
I attest that the information in and with this applicatio	on is true an	d correct.
SIGNATURE		DATE