TMCCP SEMINAR SCHOLARSHIP APPLICATION

NAME	TITL	TITLE	
MUNICIPALITY EMPLOYER	EMA	EMAIL	
ADDRESS			
CITY, STATE, ZIP CODE			
Are you currently employed by a municipality?	□ Yes	□ No	
Are you a current member of TMCA, Inc.?	□ Yes	□ No	
TMCCP Seminar covered by this request:			
Is this seminar needed to fulfill the TMCCP certification or recertification requirements?	□ Yes	□ No	
Have you previously received a seminar scholarship?	□ Yes	□ No	
Scholarship da	ate(s)		
Attach your letter of commitment stating how your edu the Texas Municipal Clerks Certification or Recertificat			
Attach current TMCCP transcript.			
Attach current Progress Tracker.			
If a scholarship is awarded, it must be used for the TMCCP amount of an awarded or scholarship if recipient should not con			
I attest that the information in and with this application	n is true an	d correct.	
SIGNATURE		DATE	

APPLICATION MUST BE RECEIVED AT LEAST TEN BUSINESS DAYS PRIOR TO SEMINAR.