TMCCP SEMINAR SCHOLARSHIP APPLICATION

NAME	TITLE	
MUNICIPALITY EMPLOYER	EMAII	L
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? Scholarship d	□ Yes ate(s)	□ No
☐ Attach your letter of commitment stating how your educ Texas Municipal Clerks Certification or Recertification	-	fessional goals will be enhanced by completion of the
☐ Attach current TMCCP transcript.		
If a scholarship is awarded, it must be used for the TMCC amount of an awarded or scholarship if recipient should not co		<u> </u>
I attest that the information in and with this application	on is true and	d correct.
SIGNATURE		DATE

APPLICATION MUST BE RECEIVED AT LEAST TEN BUSINESS DAYS PRIOR TO SEMINAR/BEFORE VIEWING FIRST WEBINAR.