



**IIMC FOUNDATION**  
**APPLICATION FOR SCHOLARSHIP ASSISTANCE (CMC)**  
**2018 - 2019**

1. Name \_\_\_\_\_
2. Title \_\_\_\_\_
3. Date assumed present position \_\_\_/\_\_\_/\_\_\_ Applicant must be a Municipal Clerk or Deputy Clerk, (or related title), on the date of the application.
4. Population of Municipality \_\_\_\_\_
5. Municipal Employer \_\_\_\_\_
6. Mailing Address \_\_\_\_\_
7. City \_\_\_\_\_ State/ \_\_\_\_\_ Zip/ \_\_\_\_\_  
Province Postal Zone
8. Telephone: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_
9.  I am a Full or Additional Full member of the International Institute of Municipal Clerks.  
 I want to become a member of the International Institute of Municipal Clerks. My application for IIMC membership and check for dues of \$ \_\_\_\_\_ payable to IIMC are attached.  
(Applicant MUST be a member of IIMC at the time of filing for scholarship.)
10. I plan to participate in the Municipal Clerks Institute program at \_\_\_\_\_  
in the State/Province of \_\_\_\_\_ which is scheduled to convene on \_\_\_/\_\_\_/\_\_\_.
11. Have you previously attended an IIMC Institute?  
 Yes  No (Go to 13)

**Note: The scheduled Institute date must be between June 1, 2018 and May 31, 2019.**

12. If you have previously attended an Institute:  
 (a) will you be a  second-year participant?  
                                    third-year participant?  
                                    fourth-year participant?  
 (b) I have attached the required evidence for each year of prior participation  
 (e.g., copy of certificate, letter or receipt verifying that you completed the Institute(s))  
 Yes                                    No
13. Have you received funding from the IIMC Foundation in the past?  
 Yes                    how many years? \_\_\_\_\_ what years? \_\_\_\_\_  
 No
14. Your total annual salary paid by the Municipality for positions you currently hold:  
 Full Time \$ \_\_\_\_\_       Part Time \$ \_\_\_\_\_

15. What are the approximate costs of the Institute you plan to attend?

Registration Fee/Tuition	\$ _____
Lodging and Meals (if not included in Registration)	\$ _____
Travel Costs	\$ _____
Total	\$ _____

**16. On a separate sheet of paper, write an article (300 to 800 words) stating why you need the scholarship and how it will help in your current position. In arriving at an appropriate selection Region Directors will take account of the quality of the submission.**

17. Attach written documentation from your mayor, council or manager/city administrator showing that in the event a scholarship is awarded, you will be granted either administrative or annual leave to attend the Institute. Also include a statement indicating the amount the municipality is likely to fund, or explain why the municipality cannot fully fund these costs.

18. I understand that if a scholarship is awarded to me, I must use it between June 1, 2018 and May 31, 2019, and that scholarship funds will be reimbursed after forwarding to IIMC evidence that I have completed the course. I understand my scholarship cannot be transferred to, or used by, anyone other than myself. I do hereby attest that the information submitted in and with this application is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Email this completed Application to Ashley DiBlasi at: Ashley@iimc.com**

OR, Mail to  
**IIMC Foundation**  
 c/o IIMC Headquarters  
 8331 Utica Avenue, Suite 200  
 Rancho Cucamonga, CA 91730

To be considered, your Application must be **received by March 1, 2018.**

*(Please complete all sections of the Application. Failure to do so may result in disqualification.)*