



Vermont Clerks' and Treasurers' Association

SCHOLARSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____

PHONE _____ FAX _____

JOB TITLE/TOWN _____ POPULATION _____

EMAIL ADDRESS _____

I am applying for financial assistance for the VMCTA Annual Meeting _____ ; or
New Clerk & Treasurer/Annual Spring Training _____ ; or
New England Association City & Town Clerks (NEACTC) Annual Conference _____

AMOUNT REQUESTED \$ _____

My Municipality will pay \$ _____

Return this application and any necessary letter of explanation to the Scholarship Chair at least two weeks prior to the Annual Meeting/Conference or scheduled training.

FOR USE BY SCHOLARSHIP COMMITTEE CHAIR ONLY:

Date received: _____ Date action taken: _____

Amount awarded: _____ **OR:** Reason for denial _____