NORTH CAROLINA ASSOCIATION OF MUNICIPAL CLERKS IIMC
CERTIFICATION COURSE SCHOLARSHIP FUND APPLICATION

Name of
Applicant:_____Title:_____

Address:_____

Years employed by this Municipality:_____Prior years with local government:_____
Are you a member of the N.C. Association of Municipal Clerks? Yes No

Does your Municipality budget for CMC training? Yes No

Do you intend to pursue designation as a Certified Municipal Clerk
after completing CMC training? Yes No

Are you familiar with the other requirements for CMC designation? Yes No

Have you served on committees of the NC Assoc. of Municipal Clerks? Yes No
If so, which committees?_____

Are you or have you been an officer or director in the Association? Yes No
If so, please state position(s) held:_____

Would the completion of this course be contingent upon whether or
not your governing board continues to appropriate funds in the future? Yes No

Did you apply for a scholarship from IIMC? Yes No

If so, were you selected to receive one? Yes No
Write a brief statement of your qualifications and why you would like to be considered for a scholarship. (You may use the space below or attach a separate sheet.)

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Application to be submitted and postmarked on or before April 15 of any year to:

kemanuel@NCLM.ORG