

**UTAH MUNICIPAL CLERKS ASSOCIATION  
SCHOLARSHIP APPLICATION**

Name of Municipality \_\_\_\_\_

Name of Recorder/Clerk/Deputy \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Population \_\_\_\_\_

Email \_\_\_\_\_

The conference you wish to attend: \_\_\_\_\_ Institute/Academy \_\_\_\_\_ Annual Conference

I am requesting:  Registration  Lodging  Registration & Lodging

**(Initial & Complete)**

\_\_\_ I am a duly appointed:  Recorder  Clerk  Deputy

\_\_\_ I am an active member of UMCA.

\_\_\_ I have never attended:  Institute/Academy  Annual Conference

\_\_\_ I am currently working on my:  CMC  MMC

\_\_\_ My city/town is unwilling or unable to fund the training.

\_\_\_ I understand expenses for food (per diem) will be my responsibility, or will be paid by my municipality.

\_\_\_ I understand I will be responsible for all paperwork, registration and reservations for the training and lodging. (UMCA will only reimburse cost of least expensive sponsor hotel).

\_\_\_ I understand UMCA will reimburse my city/town for registration fees associated with Institute/Academy. If awarded a scholarship for UMCA Annual Conference, UMCA will cover the registration fee.

\_\_\_ I have attached my municipality's Consent Form signed by the Mayor or City Manager.

**PLEASE** explain in detail why you would like this scholarship (*give reasons why it is important that you attend this conference or I/A*). Please attach a separate sheet if needed.

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Signature of City Recorder/Clerk/Deputy \_\_\_\_\_ Date \_\_\_\_\_

**UTAH MUNICIPAL CLERKS ASSOCIATION  
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**MUNICIPALITY'S CONSENT FORM**

The City/Town of \_\_\_\_\_ does hereby grant approval for  
\_\_\_\_\_, Recorder, Clerk or Deputy to attend the  
Institute/Academy \_\_\_\_\_ Annual Conference \_\_\_\_\_ to be held in/at \_\_\_\_\_  
on \_\_\_\_\_.

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**(Must Complete)**

\_\_\_\_\_ Our Recorder, Clerk or Deputy has submitted a written request to the City/Town for funding for training. However, at this time:

\_\_\_\_\_ Full funding is requested for registration for Institute/Academy or Annual Conference.

\_\_\_\_\_ Full funding is requested for lodging.

\_\_\_\_\_ The City/Town/Individual will pay the remaining cost of per diem, lodging, etc.

\_\_\_\_\_ I understand that UMCA will reimburse the City/Town/ Individual for the cost of registration only. If a lodging scholarship is requested, arrangements will be coordinated through the UMCA treasurer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Attest: \_\_\_\_\_  
*Mayor / City Manager* Recorder/Clerk/Deputy

*PLEASE MAIL OR EMAIL APPLICATION TO:*

**Lisa Titensor, MMC**

**2267 N 1500 W**

**Clinton, UT 84015**

**[ltitensor@clintoncity.com](mailto:ltitensor@clintoncity.com)**

*All requests are subject to the availability of funds  
and the ability of the requesting city/town to pay the costs.*