

2010 SCHOLARSHIP CRITERIA

1. The Executive Board shall determine, annually, the amount of scholarship monies to be allocated. Scholarships are only for those applicants who have been denied funds from their municipalities.
 2. The Joint Scholarship Committee shall consist of a committee made up of members appointed by the President of the New England Association of City & Town Clerks and the Chair of the NEMCI & Academy Board of Directors.
 3. Scholarship money from both sources shall be combined and allocated to applicants as agreed by the committee, with the exception of funds specifically earmarked and in the possession of the New England Municipal Clerks Institute & Academy Board of Directors.
 4. The NEACTC President appoints a Joint Scholarship Chairman to serve for three years.
 5. Scholarships shall be awarded to students attending the New England Municipal Clerks Institute and Academy.
 6. Scholarship awards will be limited to one person per office with the Clerk having first preference.
 7. Applicant must be a Municipal Clerk or Deputy/Assistant Clerk.
 8. The Joint Scholarship Committee will give priority to first year Institute students.
 9. An applicant must be a current member of his or her state association.
 10. An applicant must have been a member of the NEACTC for over one year.
 11. Applicant shall disclose at time of application they have applied for IIMC funds.
 12. An applicant must have requested funds from his/her municipality and include a letter of denial for such funds.
1. Applicants should (after denial from municipality) send this application to their **state association for funding**. A reason for denial or explanation must accompany this application in order to be considered.
 2. Deadline for filing an application with the Joint Scholarship Chair is **May 07, 2010**.
 3. Joint Scholarship Chair will notify the applicant, the Treasurer of the NEACTC, and the Treasurer of the NEMCI & Academy by May 28, 2010.

Joint Scholarship Chairperson:

MA: Sally Hayden – 250 Main Street, Rutland, MA 01543
Phone: 508-886-4104 – sallyh@townofrutland.org

State Scholarship Chairpersons:

VT: Linda Spence, Town Clerk, P.O. Box 830, Manchester Center, VT 05255
Phone: 802-362-1315 – Email: manclerk@sover.net

CT: Sharon Miller, Town Clerk, 740 Main St., East Hartford, CT 06108
Phone: 860-291-7235 – Email: smiller@ci.east-hartford.ct.us

ME: Linda Morrell, Town Clerk, Town of Windham, 8 School Rd., Windham, ME 04062
Email – ismorrell@town.windham.me.us

NH: Sharon Teel, Town Clerk, P.O. Box 194, Center Sandwich, NH 03227
Phone: 603-284-7113 – Email: tctcsandwich@cyberpine.net

RI: Co-chairs: Sandra J. Speroni and Julie A. Coelho, 514 Main St., Warren, RI 02885
Phone: 401-245-7340 – Email: jcoelho@townofwarren-ri.gov

MA: Donna M. Hooper, Town Clerk, Town of Lexington,
Phone: 781-862-0500 x273 - Email: dhooper@lexingtonma.gov

Please fill out and give to your State chairman for processing first. Check with your State Chair for the scholarship deadline for your State and any additional information that may be required.

New England Municipal Clerks Institute & Academy

SCHOLARSHIP APPLICATION

Please answer YES or NO

1. I am a Deputy or Municipal Clerk. _____
2. I am the only applicant from my municipality. _____
3. I have been denied all or partial funding from my municipality _____
And I am enclosing the letter of denial.
4. I am a member in good standing of my state association. _____
5. I am a dues-paying member of the New England Association _____

If you have answered **YES** to all of the above, you may apply for financial assistance. If you have answered **NO** to any of the above, you must include a letter of explanation stating why you have not complied with the above criteria.

NAME: _____ DATE: _____
ADDRESS _____
PHONE _____ FAX _____ JOB TITLE: _____
TOWN _____ POPULATION _____ EMAIL: _____

I am applying for financial assistance for the New England Municipal Clerks Institute & Academy
Year _____ or Academy Course _____

AMOUNT REQUESTED \$ _____

If Academy student, the year you graduated from the Institute: _____

My Municipality will pay \$ _____ I have _____ have not _____
applied to IIMC for scholarship funds. IIMC will pay \$ _____

Return this application, letter of denial and any necessary letter of explanation to your **STATE**
Scholarship Chair by your state deadline.

** Check with your State Scholarship Chair to see if you need additional paperwork**

FOR USE BY STATE SCHOLARSHIP CHAIR ONLY:

Date received: _____

Date action taken: _____

Amount awarded: _____

OR: Reason for denial _____

After state action, State Scholarship Chair should forward to NEACTC Joint Chair by May 07, 2010

FOR USE BY NEACTC JOINT SCHOLARSHIP COMMITTEE CHAIR ONLY:

Date received: _____ Date action taken: _____

Amount awarded: _____

OR: Reason for denial _____