



SCHOLARSHIP APPLICATION

Applicant's Name _____
Last First Nickname

Title _____

Employer _____

Address _____
Street/PO Box City State Zip

Telephone _____ Email Address _____

Please check for which program you are requesting the scholarship:

- Basic Institute - First Year
Basic Institute - Second Year
Basic Institute - Third Year
Advanced Institute
Annual Fall Conference
Winter Workshop
MMTA in the UP
Other

Have you applied to your municipality for funds to attend this program?
Yes. Please complete the remainder of the application.
No. STOP HERE. You do not qualify for scholarship funding.

What is the registration fee for the program for which you are requesting funding? _____

What is the amount your municipality has agreed to provide for this program? _____

Have you been a member of the MMTA for at least 12 months? No Yes Since: _____

Have you previously received a scholarship from the MMTA? No Yes Year(s): _____

Please provide written evidence from the Mayor/Supervisor/Manager/Department Head or a copy of the adopted minutes of the board meeting stating that the request for funding was submitted and denied or partially funded with an explanation of the action taken.

I do hereby attest that the information submitted on and with this application is true and correct to the best of my knowledge.

Signature _____

Date Submitted _____

Submit Application to:
info@mmta-mi.org