## **Kentucky Municipal Clerks Association**

## **Kitty Johnson Scholarship Application**

Background: The Education Foundation was created in 1987 to memorialize the contributions made by Kitty Johnson, retired Council Clerk of Lexington, to the Kentucky Municipal Clerks Association. Ms. Johnson was a founding member of the Association and was instrumental in initiating the Kentucky Municipal Clerks Certification Program in 1980. The KMCA Board wishes to continue the vision of Kitty, that all Kentucky Clerks have the opportunity for educational development.

, do hereby apply for scholarship assistance from the KMCA to

Ι, enter a program of study at an approved Kentucky Municipal Clerks Institute. I am aware that the scholarship is awarded to an individual not to the City, that the award covers the current registration cost only of the Institute and is awarded on an annual basis. Clerks are encouraged to apply each year that a financial need exists.

1.	Name:				
2.	Title:				
3. Municipal Employer:					
4.	Mailing ad	dress:			
5.	City:				
6.	Telephone	Fax:			
	Email Add	'ess:		_	
7.	l am a men	nber of the Kentucky Municipal Clerks Association (KMCA):	Yes	No	
	lf no, you a	re ineligible for this scholarship.			
8.	Have you a	ttended the Kentucky Municipal Clerks Institute before?		Yes	No
	lf yes, wh	at year of attendance will this be? (First, Second or Third)			

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9. Population of municipality:
10. Date present position assumed:
11. Other related municipal experience:
Municipality / Title / Years

12. Have you applied for other scholarship assistance for this session of the Institute? Yes ( ) No ( )

If yes, please describe the source and amount applied for.
Source: \_\_\_\_\_ Amount: \_\_\_\_\_

13. Is there anything the Board should consider in assessing your financial need for this scholarship?

14. Have you obtained permission from your Municipality for time off to attend the Institute? Yes

No

- 15. To be considered for this scholarship you should provide the following:
  - Brief explanation of your financial needs
  - Copy of most recent balance sheet from your municipality's general fund
  - Letter from your Mayor, City Administrator, or City Manager, that your municipality supports your attendance at the Institute
- 16. I understand that if a scholarship is awarded to me it must be used for the 2018 session and that funds will be sent directly to the Kentucky Municipal Clerks Association.
- 17. I do hereby attest that the information submitted in and with this application is true and correct.

SIGNATURE OF APPLICANT

DATE

## RETURN COMPLETED APPLICATION TO: Ashley Jackson, Scholarship Committee Chair City of Bowling Green 1001 College Street Bowling Green, KY 42101

or

Email: Ashley.Jackson@bgky.org ALL APPLICATIONS MUST BE RETURNED BY FEBRUARY 28, 2018 FOR THE 2018 SESSION OF THE KENTUCKY MUNICIPAL CLERKS INSTITUTE

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