

NEVADA MUNICIPAL CLERKS ASSOCIATION
SCHOLARSHIP APPLICATION

INSTRUCTIONS FOR APPLICATION

1. Type or print the application
2. Attached a typed biographical statement including educational and professional background, career goals, organizations and other pertinent information about you.
3. Send completed application to:

Shanell Owen, City Clerk
1751 College Avenue
Elko, NV 89801
Phone: 775-777-7126
Fax: 775-777-7129

APPLICANT'S NAME: _____

BUSINESS ADDRESS: _____

POSITION/TITLE: _____

EDUCATIONAL INSTITUTION OFFERING TRAINING
(Attach copy of Course Outline)

INSTITUTION'S NAME: _____

ADDRESS: _____

DATE OF TRAINING: _____ COST: _____

DATE PAYMENT MUST BE MADE: _____

IIMC CONFERENCE
(Attach copy of brochure/program)

LOCATION OF CONFERENCE: _____

DATE OF CONFERENCE: _____ DATE PAYMENT DUE: _____