

**LONG ISLAND VILLAGE CLERK AND TREASURER ASSOCIATION**  
**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Municipality: \_\_\_\_\_

Address: \_\_\_\_\_ PHONE \_\_\_\_\_

Email address \_\_\_\_\_

Affiliations: (Years) LIVCTA \_\_\_\_\_ NYSACVC \_\_\_\_\_ IIMC \_\_\_\_\_  
NYSSMFO \_\_\_\_\_ GFOA \_\_\_\_\_

Name/Explanation of course/program you will be attending: \_\_\_\_\_

Location of program/class: \_\_\_\_\_ Dates: \_\_\_\_\_

Application to apply credits towards: CMC \_\_\_ MMC \_\_\_ AAE \_\_\_ OTHER\* \_\_\_\_\_

\*Please describe \_\_\_\_\_

This is my \_\_\_\_\_ year of attendance. Have you previously received a scholarship? \_\_\_\_\_

If so, When/Organization? \_\_\_\_\_

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Anticipated Expenses	Village Reimbursement	Applicant's Portion
Tuition \$ _____	\$ _____	\$ _____
Lodging/Meals \$ _____	\$ _____	\$ _____
Transportation \$ _____	\$ _____	\$ _____
Other Scholarships being applied for: _____		
NYSACVC \$ _____	IIMC \$ _____	OTHER* \$ _____

\*Explain: \_\_\_\_\_

Please attach as part of your application the following items:

1. A brief resume including additional education and membership in related municipal organizations.
2. Copy of the advertisement/course description that you will be attending.
3. A statement from your Mayor and/or municipal board indicating their recommendation and support of your attendance at the Institute.

**NOTE: (Must be completed and submitted prior to the training to be considered)**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**  
**Liz Gaynor**  
**Village Clerk**  
**Village of Sands Point**  
**26 Tibbits Lane**  
**Sands Point, NY 11050**  
**[liz@sandspoint.gov](mailto:liz@sandspoint.gov)**