



**FLORIDA ASSOCIATION OF CITY CLERKS**  
**FACC Fall Academy Kay O'Halloran Memorial Scholarship Application**

**CRITERIA:**

- **Applicant must be a full time appointed or elected municipal clerk, deputy clerk, clerk of council, or person in a position performing the duties commensurate to duties performed by a municipal clerk in any city in the State of Florida and have a minimum of one-year service completed prior to January 31.**
- Applicant must have requested their municipality to underwrite the expenses of attending the Fall Academy. The scholarship is awarded by reimbursing the expenses after attending. A letter outlining that the municipality understands this, must be attached to the application. If the applicant is underwriting the attendance, then that should be explained as well.
- Applicant must be a member and in good standing of the IIMC and the FACC.
- Applicant must present evidence attached to the application that their municipality or government body supports their attendance at the Fall Academy in the event the scholarship is awarded.
- Applicant must provide written sponsorship from a fellow person in a position performing duties commensurate to the duties performed by a municipal clerk in any city in the State of Florida who is either a second- or third-year student, or a graduate of the Fall Academy.
- Any awarded funds are to be used solely for the purpose of expenses incurred to attend the Fall Academy. The total scholarship shall not exceed \$500.00 per individual. More than one scholarship may be awarded based on the number of qualified applicants and available funds.
- Applicant must be actively pursuing the CMC or MMC designation. CMC's are also encouraged to apply. No MMC's may apply.
- Scholarships may be awarded up to three years maximum per applicant, if the budget allows and other applications are not received or are of a limited number.
- Scholarships for the Fall Academy shall be given preference over the IIMC Conference applications.
- Scholarships are only good for the year in which they were awarded and are non-transferable.
- Submit your application by January 31 to the FACC Administrative Office [facc@flcities.com](mailto:facc@flcities.com).
- Applications are reviewed by the Awards/Scholarships Committee and a recommendation is given at the February Board Meeting for approval. All Applicants will be notified in writing of award and non-award by the Awards/Scholarship Chair.
- Within 30 days after applicant attends the Fall Academy, they are to submit copies of their receipts to the FACC Executive Director's Office (via email preferred).
- A check, for the appropriate amount, will be mailed to your municipality. The cost of the Fall Academy will be deducted first, and then the balance will be applied toward remaining expenses. If the applicant bore the expenses on their own, they will need to explain that in writing so that a check is made payable to them.
- Should an applicant find they cannot attend the Fall Academy after being awarded, they must notify the Scholarship Chair immediately so that every effort is made to award the funds to the next appropriate applicant, with the FACC Board's approval.

**Current FACC President, or incoming FACC President, is ineligible to receive any FACC Scholarship during their term of office.**

**Members, including the Chair of the Awards/Scholarship Committee, are ineligible to be a recipient of any scholarships during their tenure on the Committee.**



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I, \_\_\_\_\_, confirm that I am a city clerk or deputy clerk, either appointed or elected, or a person in a position performing the duties commensurate to duties performed by a municipal clerk in any city in the State of Florida, and do hereby make application for scholarship funds from the Florida Association of City Clerks to attend the FACC Fall Academy (maximum award per applicant is \$500.00).

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

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date Assumed Present Position: \_\_\_\_\_

Additional or Related Municipal Experience: \_\_\_\_\_ YES or \_\_\_\_\_ NO

If you marked YES, enter the following information.

Name of Municipality: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years: \_\_\_\_\_

Name of Municipality: \_\_\_\_\_

Job Title: \_\_\_\_\_



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Years: \_\_\_\_\_

Name of Municipality: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years: \_\_\_\_\_

Member of FACC for how many years? \_\_\_\_\_

Which FACC district are you in? \_\_\_\_\_

Are you currently serving as the CHAIR of an FACC Committee? \_\_\_\_ YES or \_\_\_\_ NO

If yes, which committee(s)?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving as a MEMBER of an FACC Committee? \_\_\_\_ YES or \_\_\_\_ NO

If yes, which committee(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you been a member of IIMC? \_\_\_\_\_

Are you currently serving as the CHAIR of an IIMC Committee? \_\_\_\_ YES or \_\_\_\_ NO

If yes, which committee(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving as a MEMBER of an IIMC Committee? \_\_\_\_ YES or \_\_\_\_ NO



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If yes, which committee(s)?

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Have you attended or completed any of the following:

Summer Conference and Academies within the last 3 years? \_\_\_\_ YES or \_\_\_\_ NO

Fall Academies within the last 3 years? \_\_\_\_ YES or \_\_\_\_ NO

Completed CMC: 1<sup>st</sup> Year \_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_ 3<sup>rd</sup> Year \_\_\_\_ Graduated \_\_\_\_

IIMC Annual Conference or Region Meetings within the last 5 years? \_\_\_\_ YES or \_\_\_\_ NO

If yes to any of the above, did you pay your own expenses? \_\_\_\_ YES or \_\_\_\_ NO

Have you ever been awarded a scholarship by FACC? \_\_\_\_ YES or \_\_\_\_ NO

If yes, when? \_\_\_\_\_

If yes, type? \_\_\_\_\_

If yes, amount? \_\_\_\_\_

Have you obtained a CMC? \_\_\_\_ YES or \_\_\_\_ NO

If yes, what date did you obtain a CMC? \_\_\_\_\_

Have you obtained an MMC? \_\_\_\_ YES or \_\_\_\_ NO

If yes, what date did you obtain an MMC? \_\_\_\_\_

For the below questions, please feel free to attach a separate sheet.

Has your municipality budgeted for you to attend other education, conferences, meetings, travel, etc. during the current budget year? \_\_\_\_ YES or \_\_\_\_ NO

If yes, list the name of the class/conference and funds for each:

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**The following information MUST be attached with your application:**

- Complete Job Description. If you do not have one, submit either a copy of the charter section or a letter explaining there is no job description and outline basic duties of the clerk/deputy clerk.
- Evidence from the mayor, manager/administrator, council/commission, that in the event a scholarship is awarded to you, your municipal or governing body has given permission or time off to attend the Fall Academy.
- Letter from mayor or manager/administrator that the municipality or governing body understands they are to underwrite all of the expenses to attend the Fall Academy. Once you attend, a reimbursement request will be made to the FACC up to the maximum awarded. Or, if you are personally underwriting all expenses, then the reimbursement request will be from you.

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**I DO HEREBY ATTEST THAT I MEET THE CRITERIA AS OUTLINED FOR FACC SCHOLARSHIPS AND THAT THE INFORMATION SUBMITTED IN AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Please email this application, by January 31, to the FACC Administrative Office [facc@flcities.com](mailto:facc@flcities.com).**