CHAUTAUQUA COUNTY MUNICIPAL CLERKS ASSOCIATION (CCMCA) “TAMMY WEISE MEMORIAL” SCHOLARSHIP APPLICATION

2025

The Chautauqua County Municipal Clerks Association is sponsoring two “Tammy Weise Memorial” scholarships to provide financial assistance for continuing education expenses to students who intend to enter Public Service as a career.

1. The scholarship shall be funded by contributions and fund-raising activities.
2. The CCMCA is actively promoting continuing education that may lead to but is not limited to, a career in local government / public service.
3. All eligible & qualified candidates shall apply through their financial aid and/or guidance office(s) or any member of the Chautauqua County Municipal Clerks Association.
4. The winners of the scholarships shall be declared and the award presented to the recipients at an Association meeting.

Amount: $500.00

Number of Awards: 2 per year

Date of Award: June

Eligibility:

1. Individual must be a resident of Chautauqua County, attending or enrolling in one of the following colleges – JCC, SUNY Fredonia, Empire State College, ECC, or any other school in New York State.
2. Preference will be given to individuals that are currently involved in Community Service on a part-time or full-time basis.
3. Course(s) of study should be related to Government, Civics, Political Science, Education, Healthcare, or other Community Service-related field.
4. GPA of 3.0 or greater, **please submit a school generated GPA record**
5. Financial needs shall be a consideration.

Application Form: All applicants must complete an official scholarship form provided by the Scholarship Committee. To obtain the application form, please contact your school’s guidance or financial aid office, a Chautauqua County Municipal Clerk, or e-mail: ccapestrani@falconerny.gov

Deadline: Annual deadline for submission of applications is May 30, 2025

SCHOLARSHIP APPLICATION FOR THE CHAUTAUQUA COUNTY

MUNICIPAL CLERKS ASSOCIATION

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 TELEPHONE: H (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MUNICIPALITY (TOWN, CITY, VILLAGE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past or present public service position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in public service: \_\_\_\_\_\_\_\_

Other Extracurricular Activities (i.e: clubs, band, church groups, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Latest combined gross annual income of household: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. High School - Current or Graduate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University/College for Undergraduate Studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment term: \_\_\_\_\_\_\_\_\_\_\_\_

Field of Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are applying for (or have won) another award, scholarship, or loan for this

coming year please list the source, amount, and notification date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Attach a brief explanation of 200 words or less about why you feel you should receive this scholarship.

SIGNATURE AND RELEASE FORM

CHAUTAUQUA COUNTY MUNICIPAL CLERKS ASSOCIATION SCHOLARSHIP

By signing below, the student (applicant) agrees and hereby acknowledges that the information provided herein is true and correct and that you agree to release all information necessary to your school’s financial aid/guidance office(s) to allow them to make an award determination for this scholarship program.

APPLICANT'S SIGNATURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

Return to: Cindy Capestrani

 Village of Falconer Village Clerk

 101 W. Main Street

 Falconer, NY 14733

E-mail: ccapestrani@falconerny.gov