

NEBRASKA MUNICIPAL CLERKS ASSOCIATION

LEAGUE OF NEBRASKA MUNICIPALITIES 1335 L STREET – LINCOLN, NE 68508

Nebraska Municipal Clerk Association 2025 Scholarship Application

The 2025 NMCA Scholarship Application is now available. Applications are also available online at http://clerkinstitute.unomaha.edu/

Name:	Title:
Address:	Municipality:
Zip: Office Phone:	Cell Phone:
Email:	
Name of Area Clerks' Association:	
Last Census Population: How	long have you been a Clerk:
This is myFirstSecondThird year of ldiddid not receive a scholarship ldiddid not receive a scholarship	to attend the first year.
This is my year attending Academy.	
Number of times your Municipality received a NMCA Sch Please note how much scholarship aid your Municipality if five (5) years from the NMCA: \$	
A short narrative is MANDATORY and must be include	ed with your application. The narrative must state the

A short narrative is MANDATORY and must be included with your application. The narrative must state the reason(s) for your need and/or your Municipality's need for financial assistance from the NMCA Scholarship fund. PLEASE BE SPECIFIC.

NMCA yearly dues MUST be paid and current to qualify for a scholarship. Incomplete forms WILL NOT be considered for scholarships. All scholarship forms MUST include the Citizenship Attestation form.

Please return this completed form and the citizenship attestation form by <u>December 14, 2024</u> to:

City of Omaha
Attn: Kimberly Hoesing, CMC, Deputy City Clerk
NMCA Scholarship Application
1819 Farnam Street, Suite LC-1
Omaha, NE 68183

kimberly.hoesing@cityofomaha.org

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

	I am a citizen of the United States.		
		— OR —	
	status and ali	ed alien under the federal Immigration and Nationality Act, my immigration ien number are as follows:, o provide a copy of my USCIS documentation upon request.	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.			
PRIN	NT NAME		
		(first, middle, last)	
SIGN	NATURE		
DAT	E		