

GREATER NEW LONDON AREA ASSESSORS ASSOCIATION

TOM ROBY SCHOLARSHIP GUIDELINES

PURPOSE

The Scholarship Committee, made up of the officers of the GNLAOA, may grant up to two (2) scholarships annually in the amount of Two Hundred (\$200.00) Dollars to each applicant.

Only one (1) scholarship is to be awarded to an individual annually. In the year following receipt of the scholarship, preference shall be given to different individuals before considering the previous year's recipients.

The scholarship is to be used toward costs incurred in attending an IAAO Course, State related courses, real estate and other related subjects pertaining to the real estate and assessment field in general, including State, NRAAO and IAAO conferences.

Reimbursement will be for costs up to the amount of the Scholarship.

TIME LIMITS

Scholarship is to be used within one (1) year of the notification by the Scholarship Committee.

Applications received at one of the GNLAOA's regular meetings shall be acted upon and notification made by the next regular meeting of the GNLAOA.

A response is due back to the Scholarship Committee by the recipient of the Scholarship, in writing, within 30 days. If no response is received or scholarship is refused in the prescribed time limit, the Committee shall notify alternates and give them the same 30 day response time.

QUALIFICATIONS

Recipient must be a regular member in good standing for a period of not less than six (6) months prior to the selection, and dues must be paid in full at least seven (7) days prior to the course or conference.

REIMBURSEMENT PROCEDURE

Recipient must show proof of registration which should be a copy of the registration form showing the course/conference to be attended, and a copy of the check showing amount paid for attendance at such course/conference.

Recipient must provide copies of the hotel, restaurant, airline and toll receipts or travel vouchers in writing.

Reimbursement will cover only up to the amount of the scholarship.

TOM ROBY SCHOLARSHIP APPLICATION
Greater New London Area Assessor's Association

Name:	Address:
Employing Municipality:	Work Telephone Number

Attach pertinent course/conference information

Conference/Course Information:

Conference/Course Name:	Location:	Cost:
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Scholarship amount that you are seeking: \$
Are you receiving any other subsidy for this dollar amount: Yes__ No__
If yes, Please explain and enter dollar amount received:

Please attach refusal to pay letter from your municipality.

By my signature, I certify that I am a member in good standing of GNLAAs.

Signature:	Date:
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