Brenda Voulo- AAT Scholarship Application

Name			
Mailing Address			
Employing Municipality			
Work Phone Number ()		
Email Address			
	* * * * * * * *	Course Informatior	******
Course Name		Course Sponsor	Course Cost
Location of	Course		
Scholarship amount that you are seeking			
Are you, or will you, be rece	ving any other sub	osidy for this course?	Yes No

If yes, use the reverse side to explain and to list the dollar amount.

By my signature, I certify that I am a member of an Assessor's staff and that this course is not being paid for by the municipality in which I am employed.

Signature	Date
Return to:	
Pam Deziel, Assessor	
393 Jackson Hill Road	
PO Box 179	
Middlefield, CT 06455-0179	

BRENDA VUOLO SCHOLARSHIP

Requirements for the Scholarship are as follows:

Request for the Scholarship shall be made upon the prescribed "Scholarship Application" which must be completed in full.

The applicant, at the time of his/her request, shall be employed either full-time or part-time (in a nonmanagerial position) in an Assessor's Office in the State of Connecticut and does not have a CCMA designation.

The educational program for which the Brenda Vuolo Scholarship is requested shall pertain to the assessment profession (e.g., CCMA courses, AAT modules, IAAO courses or one-day seminars, appraisal courses, etc.)

The amount of the Brenda Vuolo Scholarship granted shall be for the program fee only and shall not exceed \$250 per application and the total of scholarships awarded cannot exceed \$800.00; considered in order of applications received.

The scholarship will be awarded directly to the program for which the applicant is applying, upon evidence of registration.

The decision to grant or deny the scholarship, and the amount of the scholarship to be granted, will be decided by a majority vote of the Professional Designation and Awards Committee.