

CERTIFIED CONNECTICUT MUNICIPAL ASSESSOR COMMITTEE
ASSESSORS' SCHOOL Scholarship Program

1. The DEADLINE for scholarship applications is **APRIL 1** (no exceptions). COMPLETED applications must be RECEIVED by that date by the CCMA Committee. A postmark date will not cause the application to be considered "received" on time.

2. Refer to criteria below for eligibility requirements.

3. Applications may be downloaded at www.caa0.com.

4. Refer to application process below for a list of the supporting documents needed.

5. Type or print legibly. Illegible applications will not be considered.

6. You will be notified by mail in May regarding the status of your application.

7. If you have any questions about the application, please call Walter Topliff at 860-870-3109.

NOTE: Scholarship funds will be awarded to the University of Connecticut upon evidence of registration in a CCMA class. **Funds will be in the full amount of the registration fee.**

Purpose: To Provide scholarships to deserving applicants intending to pursue a Certified Connecticut Municipal Assessor designation.

Award Components: The number of scholarships awarded will be based on the availability of funds in the CCMA Committee treasury each year.

Criteria:

1. Applicant must be employed in a Connecticut Assessment office or by the Office of Policy and Management
2. Applicant must demonstrate the intention of pursuing the CCMA designation.
3. Applicant must verify by supervisor's signature on application that other funds for the class are not available to him/her
4. Applicant must attend at least 90% of the course hours [cannot miss more than 3 hours of a 30 hour course]. Applicant will be responsible for full tuition payment if more than 10% of the course hours are missed.

Application Process:

Applicant must:

1. Submit the completed and signed application form (if handwritten, please print legibly)
2. Please mail OR submit application in person to:

Walter E. Topliff Jr., CCMA II
CCMA Committee Chair
C/O Assessor's Office
83 Mountain Rd
Suffield CT 06078-3315
ccma.committee@ct.gov



STATE OF CONNECTICUT

Certified Connecticut Municipal Assessor Committee

University of Connecticut Scholarship Application

Please type or print your answers. If application is illegible it will not be considered .		
1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: _____	Alternate Telephone Number: _____
4.	Current Employer: _____	
5.	Email address: _____	
6.	I will be attending the Assessors School at UConn school in June 20____ for Course _____	CCMA courses previously taken (proof attached):
7.	Name of any other courses/workshops attended: _____ _____	
8.	What are your educational and professional goals and objectives? (use additional paper if necessary) _____ _____ _____ _____	

By my signature below, I verify that the applicant's employer will not provide funds for the CCMA course the applicant desires to attend

SUPERVISOR'S SIGNATURE

TITLE

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the Annual Assessors' School for a CCMA Course.

Signature of scholarship applicant: _____ **Date:** _____