

Connecticut Association of Assessing Officers, Inc.

SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

Employing Municipality: _____ Work Phone #: _____

Scholarship Requested:

Brenda Vuolo Al Standish CAAO IAAO

***** Course Information *****

_____	_____	_____
Course Name	Course Sponsor	Course Cost

_____	Attach Pertinent Information
Location of Course	

Scholarship Amount you are seeking \$ _____

Affiliation:

Assessors' Staff Member CAAO Member CCMA

By my signature, I certify that I am affiliated, as indicated above and that I will not be reimbursed for the cost of the above-mentioned course by the municipality in which I am employed or by anyone else for the amount requested above.

Signature

Date

Please return form to:
Betsy Quist, Assessor
City of Derby
1 Elizabeth St
Derby, CT 06418-1801