

Connecticut Association of Assessing Officers, Inc.

SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

Employing Municipality: _____ Work Phone #: _____

Scholarship Requested:

Brenda Vuolo ; Al Standish ; Robert (Bob) Hartzell ; CAAO

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

Course Name	Course Sponsor	Course Cost
_____	_____	_____
Location of Course		Attach Pertinent Information

Scholarship Amount you are seeking \$ _____

Are you or will you be receiving other subsidy for this course? Yes No

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

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.
(letter from the municipality to be attached)

Signature

Date

Please return form to:
Donna L. Ralston, CCMA II, Assessor
City of Norwich
100 Broadway
Norwich, CT. 06360