

**LOUISIANA ASSOCIATION OF MUNICIPAL SECRETARIES AND ASSISTANTS
(LAMSA)**

APPLICATION FOR SCHOLARSHIP ASSISTANCE

Application for the LAMSA Scholarship is open to all qualified active members with a need that impacts their ability to attend the semi-annual conference.

NAME: _____ TITLE: _____

MUNICIPAL EMPLOYER: _____

MAILING ADDRESS: _____

Street or P.O. Box City, State Zip Code

Telephone Number: () _____ Fax Number: () _____

Email Address: _____

Population of Municipality: _____

Have you previously attended a LAMSA conference? ____ Yes ____ No

Have you previously received a LAMSA scholarship: ____ Yes ____ No

If Yes: Year(s) _____

Please explain briefly your need for financial assistance to attend the conference:

The scholarship pays the entire registration fee for the LAMSA Conference. LAMSA will pay a maximum of \$100 toward travel expenses upon receipt of appropriate documentation by the LAMSA Treasurer. Please clarify as to whether reimbursement should be made to you or to your municipality.

NOTE: A written letter from the applicant's mayor or immediate supervisor must be included with the application. It should explain the need for financial assistance and provide his/her support of your attendance at the Conference.

Return application and support letter to:

Patsy Austin
P. O. Box 613
St. Amant, LA 70774-0613
FAX: 225-675-8205

Recommendation: _____
Board Approved: _____ (Date)
Signed by: _____ President