



NEW YORK STATE ASSESSORS' ASSOCIATION
PAST-PRESIDENTS' SCHOLARSHIP
APPLICATION

Please print or type

Last Name _____ First Name _____ Middle Initial _____

Title _____ Jurisdiction _____

Work Phone _____ Work Fax _____

Business Address _____ E-mail _____

Town/City _____ Zip _____

Number of years in present position _____ Number of years in assessment profession _____

Number of years you have been a NYSAA member _____

Number of NYSAA annual conferences you have attended in past years _____

Annual wages from all jurisdictions for which you are the assessor _____

Amount your jurisdiction(s) is(are) willing to contribute, if any _____

Amount you are willing to personally contribute, if any _____

Should you be selected to receive this scholarship, are you willing to write an article for the NYSAA Bulletin outlining your conference experience? _____

Please respond to the questions on the back page of this application in support of your request.

NOTE: ALL INFORMATION MUST BE PROVIDED TO RECEIVE CONSIDERATION FOR *THE PAST-PRESIDENTS' SCHOLARSHIP* AND WILL REMAIN CONFIDENTIAL. PLEASE INDICATE WITH YOUR SIGNATURE BELOW THAT THE INFORMATION SUBMITTED IS COMPLETE AND ACCURATE.

Signed _____ Date _____

Date Received:

Your answers to the questions below will provide the basis for this committee to weigh the merits of your request for assistance. In order to fairly and completely evaluate your application, all questions must be completed to the best of your ability.

1. Please provide a brief narrative description justifying why you need financial assistance that you are requesting.

2. Please provide a letter specifying the reasons why funding is not available, including any supporting documentation such as a letter from your town board/city council or public record of such denial.

If you receive the Past-Presidents' Scholarship, will your jurisdiction allow you to attend? _____ If denied permission to attend, are you willing to take your own personal time (vacation, unpaid leave) in order to utilize the scholarship? _____

3. Can you provide transportation costs to attend the conference regardless of location? _____

4. Please indicate the reasons for requesting financial assistance for this particular conference (specific educational offerings, annual meeting agenda, location of conference, etc.)

Applicants must meet the following requirements:

- Applicant must be an elected or appointed assessor
- An applicant must be a member of the NYSAA for at least three years
- Applicants must complete all information requested as to need for assistance
- Applicants must submit the required application form at least 90 days prior to conference date
- Scholarship recipients will be ineligible for another award for a period of three years
- Applicants who decline the scholarship after approval must reapply for future consideration
- Should New York State reimbursement for conference expenses become available, scholarship recipient agrees to return covered costs back to the NYSAA

Applicants will be notified of approval or denial at least 60 days prior to conference date