

Scholarship Application - CAAO

Name

Mailing Address

Employing
Municipality

Work
Phone
Number

 ()

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

Course Name

Course Sponsor

Course Cost

Location of Course

Attach Pertinent
Course Information

Scholarship amount that you are seeking

 \$

Are you, or will you, be receiving any other subsidy for this course?

Yes No

Circle one

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

By my signature, I certify that I am a member of an Assessor's staff and that this course is not being paid for by the municipality in which I am employed.

Signature _____

Date _____

Return to:
Professional Designation and Awards Committee