



# District Workshop Scholarships

The executive board of the Arkansas City Clerks, Recorders and Treasurers Association (ACCRTA) awards scholarships for members to attend district-level Institute Workshops, which enable Arkansas clerks to further their educational training and attain certification. Completed scholarship applications should be returned to the ACCRTA Scholarship Committee chair:

Johnessa Boze  
Chief Deputy City Clerk  
City of Lamar  
437 W Main St.  
Lamar, AR 72846

Direct questions to [Johnessa.Boze@gmail.com](mailto:Johnessa.Boze@gmail.com)  
or (479) 885-3865

Applicants must be city clerks, recorders, treasurers, deputy city clerks, or related titles at the time of application. Scholarships are available to all members. Preference is given to those within the district where the workshop is held, and who may not have participated previously due to budget constraints.

## Scholarships Available:

- \$50.00 tuition-only scholarship
- OR
- \$75.00 scholarship includes pre-class activities
- OR
- \$175.00 scholarship to assist with expenses for participants traveling over 100 miles and requiring an overnight stay.

## 2026-2027 ACCRTA APPLICATION FOR DISTRICT WORKSHOP SCHOLARSHIP ASSISTANCE **DO NOT PREPAY FOR WORKSHOP IF APPLYING FOR A SCHOLARSHIP!**

**DEADLINE:** 30 days prior to workshop start date

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I am applying for District # \_\_\_\_\_ Workshop.  
Workshop location: \_\_\_\_\_  
Workshop dates: \_\_\_\_\_

\*You must be a current member of ACCRTA to receive scholarship funds. You may become a member at the time of application. However, your application will not be considered until membership is verified.

*By signing below, I attest that I am a current member of \*ACCRTA. I understand that any scholarship awarded must be used for the purpose for which it was intended. I must attend all sessions and complete all assessments of the program for which I receive scholarship funds. I understand if awarded this scholarship, funds will be distributed upon completion of assessment. I have attached written evidence that my chief executive or legislative body supports my attendance, and that if a scholarship is awarded, I will be given the time to attend. I attest that the information submitted with this application is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



Municipality: \_\_\_\_\_

Date you assumed your present position: \_\_\_\_\_

Is this workshop within your ACCRTA district?  yes  no

Are you a member of ACCRTA?  yes, # of years \_\_\_\_\_  no

Are you working towards earning any of the following certifications: CMC, MMC, CAMC, MAMC?  yes  no

Are you a member of IIMC?  yes, # of years \_\_\_\_\_  no

Is this your first time applying for an ACCRTA scholarship?  yes  no

Have you received an ACCRTA Scholarship within the last 2 years?  yes  no

Does your municipality pay for or reimburse education, travel, and/or meal expense?  yes  no

What is your reason for applying for this scholarship?

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**Disclaimer: ACCRTA is not responsible for applications that do not reach the chairperson by the deadline. Please feel free to call or email for verification of receipt.**