



# TOWNSHIP GOVERNANCE ACADEMY

# SCHOLARSHIP APPLICATION

Only elected officials from townships which belong to the Michigan Townships Association are eligible to apply for this scholarship. Applications received in the MTA Office by March 1 will be considered for the year in which applied.

Completed applications should be sent to: MTA Education Center, 512 Westshire Drive, Lansing, MI 48917 or via fax: (517) 321-8908.

## SECTION 1—APPLICANT INFORMATION

Name: \_\_\_\_\_

Position on the Township Board: \_\_\_\_\_ Years in Current Position: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you currently enrolled in the TGA program?  Yes, # of credits earned: \_\_\_\_\_  No

How many individuals from your township are currently participating in the TGA program? \_\_\_\_\_

## SECTION 2—APPLICANT’S TOWNSHIP INVOLVEMENT/ACTIVITIES

Please list your service to the township (e.g., elected, appointed and volunteer positions):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## SECTION 3—STATEMENT OF INTEREST/NEED

Why do you want to complete the Township Governance Academy and what is your reason for applying for a scholarship? (Please attach additional comments on a separate sheet of paper.)

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 4—TOWNSHIP INFORMATION

What was your general fund balance at the end of the last fiscal year? \_\_\_\_\_

What were your total general fund expenditures at the end of the last fiscal year? \_\_\_\_\_

How much of your annual township budget is earmarked for education/training? \_\_\_\_\_

Do you anticipate that your general fund balance will decline compared to last year?  Yes  No

If so, please indicate by how much and why. \_\_\_\_\_

## SECTION 5—TOWNSHIP BOARD & INDIVIDUAL COMMITMENT

Although TGA scholarships provide financial support toward the cost of the Township Governance Academy, the scholarship may not fully cover the cost of the program. A commitment must be made by the township board and applicant to support completion of the program.

<p><b>Township Board</b> Our township board supports this application and the applicant's decision to pursue completion of their Township Governance Academy credential, including all required coursework and projects.</p> <p>Signature of Supervisor or Clerk _____ Date _____</p>	<p><b>Applicant</b> It is my intent to complete the TGA program to the best of my ability and be responsible for the balance of any fees, transportation, lodging and misc. expenses that may not be covered by my township and/or the scholarship.</p> <p>Signature _____ Date _____</p>
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