

NEW YORK STATE ASSOCIATION OF TAX RECEIVERS AND COLLECTORS

SCHOLARSHIP APPLICATION

The New York State Association of Tax Receivers & Collectors (NYSATRC) is offering full and commuter scholarships to attend the NYSATRC Conference.

Please mail completed application to: Shelli Saupe, 21 Barbara Mac D Drive, Corinth, NY 12822

Feel free to email Shelli at Shelli_saupe@saratogaschools.org for further details/information.

Scholarship Guidelines:

- 1) You must be a current PAID member of NYSATRC (\$25 annual dues)
- 2) A member of your local or county tax association (if one exists).
- 3) You have not previously been awarded a scholarship.

*Full scholarship winners must attend all 3 days of the training seminar. Please note travel expenses (mileage, tolls, etc.) are NOT covered by the NYSATRC.

The application must be completely filled out, signed and postmarked no later than April 1.

Name _____ Title _____

Street Address _____

Town _____ Zip _____

Telephone _____ Fax _____

Email _____

Presiding Town _____ County _____ Town Population _____

Length of Time in Office _____ Current paid member of NYSATRC _____

Previous Office(s) held / Positions and Dates _____

Related Organizations to which you belong _____

Are you applying for a full scholarship? Circle (1) Yes/No (Includes NYSATRC registration fee for seminar programming, hotel room, meals/breaks)

Are you applying for a commuter scholarship? Circle (1) Yes/No (Includes NYSATRC registration fee for seminar programming, meals/breaks)

Have you attended past NYSATRC Conferences? Yes/No Year(s) _____

Have you attended past Association of Towns (AOT) trainings? Yes/No Year(s) _____

Other Training/Education _____ Year(s) _____

Does your Town Board currently or previously allow/ed educational expenses for you or other Town Officials?

Explain financial expenses for education for the past few years (list year and corresponding amount allowed-
example: year 2019/\$250.00 allowed/budgeted)

NYSATRC _____ AOT _____

Current and previous year budget allowances for education (attach details) _____

Please provide information regarding your reason/s for applying for this scholarship:

Signature _____ Date _____

Please mail this completed and signed application to: **Shelli Saupe, 21 Barbara Mac D Drive, Corinth NY 12822**
Applicants will be notified by May 1st with the decision(s) of the Scholarship Committee.