



**The Daniel F. DeLoach  
Miami-Dade County Municipal Clerks Association  
Annual Scholarship Program**

**Career Development Institute**

**Purpose**

The Daniel F. DeLoach Miami-Dade County Municipal Clerks Association Scholarship Program (the "Program") has been established to provide continuing education and to encourage professionalism of Miami-Dade County municipal clerks and/or deputy clerks (or related positions). By establishing the Program, the Association is committed to provide assistance to qualified applicants whose municipality cannot fully pay the cost of participation in an International Institute of Municipal Clerks (IIMC) Government Career Development Institute.

Each year, the Association awards two Miami-Dade County municipal or deputy clerks a scholarship to attend an IIMC recognized Career Development Institute.\* A scholarship recipient must attend an approved Institute program in Florida or forfeit the award.

Applicants should read the scholarship criteria thoroughly and complete the application carefully. All sections of the application must be completed. To be considered for the scholarship, which will be announced at the Association's April meeting, a scholarship application must be postmarked no later than March 31. Scholarships will be paid directly to the Institute for the registration fee.

The balance will be paid directly for accommodations.

**Criteria for Scholarship Selection**

The applicant must be a member in good standing of the Miami-Dade County Municipal Clerks Association, the Florida Association of City Clerks and the IIMC.

Only one application may be submitted from a municipality. The applicant must submit a letter from the Mayor, Council or Manager that (1) express support for the application, (2) indicates a commitment to grant time off to attend a Career Development Institute program and (3) further indicates the portion of the Institute costs and related expenses that the municipality will fund.

Strong preference in selection will be shown to those applicants seeking scholarship support. Applications for support for second or third year Institutes must be accompanied by evidence from an earlier Institute(s) that the applicant participated and must clearly demonstrate financial need.

The applicant must complete all sections of the application. Failure to do so may result in disqualification.

*\* Should there be no applications received, the scholarship may be awarded to a Miami-Dade County municipal clerk and/or deputy clerk (or related position) to attend the Academy for Advanced Education. All criteria must be followed.*

ABOUT DANIEL F. DELOACH - Dan served as the City of Hialeah's longtime City Clerk and historian and was a mentor, friend and positive influence to many of his colleagues in municipalities throughout Miami-Dade County. He retired in 2005.

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**APPLICATION**

1. Name \_\_\_\_\_
2. Title (explain if different from Clerk or Deputy Clerk) \_\_\_\_\_
3. Municipal Employer \_\_\_\_\_
4. Street Address or P.O. Box \_\_\_\_\_
5. City \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Telephone: Office \_\_\_\_\_ Fax \_\_\_\_\_
7. I am a current member of the IIMC (since \_\_\_\_\_)
8. I am a current member of the FACC (since \_\_\_\_\_)
9. I am a current member of the MDCMCA (since \_\_\_\_\_)
10. Date assumed present position: \_\_\_\_\_
11. Other related municipal experience:  
  
Municipality \_\_\_\_\_  
Title \_\_\_\_\_  
Years \_\_\_\_\_
12. Have you previously attended an Institute? Yes \_\_\_\_\_ No \_\_\_\_\_
13. If you have previously attended an Institute, are you applying (check one):  
\_\_\_\_\_ as a second-year participant?  
\_\_\_\_\_ as a third-year participant?
14. Please describe those issues the Executive Board should consider in assessing your financial need for this scholarship. Do not discuss here your municipality's financial condition:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

15. Please explain your reasons for wishing to attend the Institute for Municipal Clerks:

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Attach a written document demonstrating that the Mayor, Council or Manager supports your attendance at the Institute, and in the event a scholarship is awarded, you will be given either administrative or annual leave to attend the Institute. This document must also express the portion of the Institute costs and related expenses that the municipality will fund.

I understand that if a scholarship is awarded to me, it must be used in the year it is received.

I do hereby attest that the information submitted in and with this application is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Applications must be received no later than March 31.  
(Please complete all sections of the application. Failure to do so may result in  
disqualification.)*

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**Career Development**

**Institute Checklist**

Applicant's Name: \_\_\_\_\_

- | <u>1. Organizations</u>   | <u>Comments</u> |
|---|-----------------|
| Membership in good standing of the:   |                 |
| _____ Miami-Dade County Municipal Clerks' Association   | _____           |
| _____ Florida Association of City Clerks  | _____           |
| _____ IIMC  | _____           |
| <br>  |                 |
| <u>2. Documentation</u>   |                 |
| Letter submitted from the Mayor, Council or Manager that:   |                 |
| _____ Expresses support for the application.  | _____           |
| _____ Indicates a commitment to grant time off to attend a<br>Career Development Institute Program.         | _____           |
| _____ Indicates the portion of the Institute costs and related<br>expenses that the municipality will fund. | _____           |
| <br>  |                 |
| <u>3. Application Status</u>  |                 |
| _____ First Year Application  | _____           |
| _____ Applications for support for second- or third-year Institute(s): _____                                | _____           |
| _____ Shows evidence from and earlier Institute(s).   | _____           |
| _____ Clearly demonstrates financial need.  | _____           |

Documentation Attached:

- \_\_\_ Letter
- \_\_\_ Evidence/2<sup>nd</sup> or 3<sup>rd</sup> Year Institute
- \_\_\_ Financial Need/Proof
- \_\_\_ Membership Proof
- \_\_\_ Other(s)

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