

**2017-2018 North Carolina City and County Management Association**

**Transition Support Scholarship Application**

**Name:**

**Title:**

**Former Organization/Jurisdiction:**

**Street Address/P.O. Box:**

**City:**       **State:**  **Zip:**

**Phone:**       **Fax:**

**E-mail:** **Date of Separation:**

NCCCMA Professional Development Committee Scholarship Program

jrepp@cityofbsl.org

or City of Boiling Spring Lakes, ATTN: Jeff Repp, 9 E. Boiling Spring Road, Southport, NC 28461

### SCHOLARSHIP APPLICATION QUESTIONS

**Scholarship Applicants:** Please answer questions 1- 8.

1. I am currently a member of NCCCMA. YES [ ]  NO [ ]

1. I am currently a member of ICMA. YES [ ]  NO [ ]
2. I am currently an ICMA Credentialed Manager. YES [ ]  NO [ ]

1. I have served in local government for       years       months.
2. I have been a member of the NCCCMA for       years       months.
3. Did you former position provide you with a severance package upon separation? YES [ ]  NO [ ]
4. If yes, what length of severance that was provided?       months.
5. **Please attach (1) a resume that describes your educational and professional experience and (2) a short narrative (250 words or less) identifying what you hope to gain/accomplish from this coaching program.**

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