

# KENTUCKY MUNICIPAL CLERKS ASSOCIATION

## Kitty Johnson Scholarship Application



**Background:** The Education Foundation was created in 1987 to memorialize the contributions made by Kitty Johnson, retired Council Clerk of Lexington, to the Kentucky Municipal Clerks Association. Ms. Johnson was a founding member of the Association and was instrumental in initiating the Kentucky Municipal Clerks Certification Program in 1980. The KMCA Board wishes to continue the vision of Kitty, that all Kentucky Clerks have the opportunity for educational development.

I, \_\_\_\_\_ do hereby apply for scholarship assistance from the KMCA to enter a program of study at an approved Kentucky Municipal Clerks Institute. I am aware that the scholarship is awarded to an individual not to the City, that the award covers the current registration cost only of the Institute and is awarded on an annual basis. Clerks are encouraged to apply each year that a financial need exists.

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

**Title:** \_\_\_\_\_

**Municipal Employer:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I am a member of the Kentucky Municipal Clerks Association (KMCA) Yes \_\_\_ No \_\_\_**  
(If no, you are ineligible for this scholarship)

**Have you attended the Kentucky Municipal Clerks Institute before? Yes \_\_\_ No \_\_\_**  
(If yes, what year of attendance will this year be? (First, Second, or Third) \_\_\_\_\_)

**Population of Municipality:** \_\_\_\_\_

**Date present position assumed:** \_\_\_\_\_

**Other related municipal experience:**  
(Municipality/Title/Years)

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**Have you applied for other scholarship assistance for this session of the Institute?**

**Yes      No      Source:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Is there anything the Board should consider in assessing your financial need for this scholarship?**

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**Have you obtained permission from your Municipality for time off to attend the Institute? Yes      No**

**To be considered for this scholarship, you should provide the following:**

- 1. Brief explanation of your financial needs**
- 2. Copy of most recent balance sheet from your municipality's general fund**
- 3. Letter from your Mayor, City Administrator or City Manager, verifying your municipality supports your attendance at the Institute**

**I understand if a scholarship is awarded to me it must be used for the 2024 session and will be reimbursed upon verification the clerk attended all training sessions.**

**I do hereby attest the information submitted in and with this application is true and correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**RETURN COMPLETED APPLICATION TO:**

Ashley Jackson, City Clerk  
KMCA Scholarship Committee Chair  
Email: [Ashley.Jackson@bgky.org](mailto:Ashley.Jackson@bgky.org)

**\*\*\*All applications must be returned via email by 4:00 p.m. CST on February 29, 2024 for the 2024 Session of the Kentucky Municipal Clerks Institute.\*\*\***