



CONNECTICUT
ASSESSMENT ASSOCIATION

CTAA Assessment Support Staff Scholarship

- ** Must be an active participating member, in good standing of the CTAA for at least 1 full year
- ** Must be for classes required for a CCMA I or AAT designation only
- ** Must be employed by a municipality of the State of Connecticut, or be actively in pursuit of a position in an Assessor's office with prior experience related to the field of assessment
- ** The application must be submitted for review at least 1 month prior to start date of class
- ** The application must be signed by the Assessor or Chief Executive Officer of the municipality the applicant is employed by to attest that there will be no coverage or reimbursement of costs of any kind. In the case of persons not employed by an Assessment office, a letter of intent must be submitted with the application.
- ** The application will be reviewed by the Executive Board of the CTAA, and put before the membership for a vote to grant or dismiss
- ** One scholarship will be given each calendar year, with a person ineligible to apply if they have been granted a prior scholarship in the past 2 years
- ** Scholarship recipients who fail to pass their class will be ineligible to reapply until they have successfully fulfilled course requirements

Please submit application to the CTAA president who is currently:

Adrianna Hedwall
Town of Ledyard
741 Colonel Ledyard Hwy
Ledyard, CT 06339
assessor.asst@ledyardct.org
Phone: 860.464.3239
Fax: 860.464.1126



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SCHOLARSHIP APPLICATION

Name: _____

Mailing Address: _____

Employing Municipality: _____

Phone Number: _____

COURSE INFORMATION

Please circle:

AAT I AAT II AAT III or CCMA IA CCMA IB CCMA IIA CCMA IIB

Course Date: _____ **Course Cost: \$** _____

Will you be receiving any other subsidy of costs for this class? _____

If yes, please explain: _____

With this signature, I attest that I will receive no undisclosed subsidies for this course

Applicants Signature: _____ **Date:** _____

With this signature, I attest that the employing municipality will not be subsidizing any undisclosed costs of this course:

Supervisors Signature: _____ **Date:** _____