



CONFIDENTIAL SCHOLARSHIP APPLICATION FOR
NEW YORK STATE SOCIETY OF MUNICIPAL FINANCE OFFICERS
THELMA PELYCH ADVANCEMENT AWARD

DATE: _____

1. NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ OFFICE: _____

MUNICIPALITY: _____

ADDRESS: _____

CURRENT POSITION HELD: _____

YEARS EMPLOYED: _____

MEMBER NYSSMFO: YES _____ NO _____ HOW LONG _____

2. Latest combined annual gross income of household: _____

(Annual income means total salary or wages plus other income, or net income from business plus other income.)

Is there any information that you believe to be relevant to our consideration of the above item? Yes _____ No _____ If yes, explain on separate sheet.

3. Institution of Enrollment: _____

Course of Study: _____ Enrollment Term: _____

Field of Concentration: _____

4. Does your municipality contribute toward tuition? Yes _____ No _____

5. If you are applying for (or have won) another award, scholarship or loan for this coming year, from a source other than this, list source, amount and notification date.

6. Attach a certified copy of scholastic record (transcript). If you are a member of an Honor Society, please note it here.

7. Please provide an indication of the expenses incurred in this schooling.

Submit to: Deborah Coad
Acting City Chamberlain
City of Oswego
13 West Oneida Street
Oswego, New York 13126