

BROWARD COUNTY CITY MANAGEMENT ASSOCIATION
SCHOLARSHIP PROGRAM APPLICATION
2026-2027 Academic Year
Deadline: June 5, 2026
Submit via Email: bccmascholarship@gmail.com

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Email Address: _____

Primary Phone Number: _____ Cell Phone Number: _____

Name of School Currently Attending: _____

Unweighted GPA: _____ Community Service Hours Completed: _____

Degree Program/Major: _____

Expected Graduation Date: _____

Remaining College Credits Needed for Graduation: _____

Name of Employer (if receiving partial tuition assistance) _____

List awards and special recognitions you've received during the last 3 years. (Attach additional document if necessary)

Signature: _____

***** REMINDER TO INCLUDE ALL REQUIRED DOCUMENTS WITH YOUR APPLICATION*****

Attachment (1): Include a type-written essay, to tell BCCMA about your educational aspirations, future goals and career plans in public service, and why you believe public service is important (250 words minimum/500 words maximum).

Attachment (2): Include an updated resume, highlighting any offices/leadership positions held, community service projects, fundraisers, or other community related activities you have supported.

Attachment (3): Two professional/academic reference letters.

Attachment (4): Official College Transcript (include GPA).

Send Questions Regarding Eligibility to: bccmascholarship@gmail.com