



SCHOLARSHIP APPLICATION

Please complete all sections of the application. Attach additional sheets if necessary.

Name: [] Mr. [] Ms. _____ Email: _____

Business Address: _____ Business Phone: _____

Employer: _____ Title: _____

Date Current Position Assumed: _____ How long in Clerk Profession? _____

WMCA Membership Class: [] Active [] Affiliate [] Associate [] None; Joining at time of app. (Check One)

If you are an Associate/Affiliate Member, are you currently employed by a legislative body? _____

Are you currently a member (in any capacity) of IIMC?: [] Yes [] No

Which event are you requesting a scholarship for?: (Please only choose one)

- WMCA Annual Conference (Registration ONLY)
First-Time WMCA Annual Conference (Registration & Lodging)
Spring Academy ONLY (Registration)* Note: Must have CMC to apply
Fall Academy (Registration ONLY)
Fall Athenian Dialogue (Registration Only)* Note: Not always offered
Combined Fall Mini-Conference (Reg. ONLY)
IIMC Advanced Academy (up to \$500)
IIMC Conference Registration (up to \$500)
NCI PD 1 (Registration & Lodging)
NCI PD 1 (Registration & Commuter Pkg)
NCI PD 2 (Registration ONLY)
NCI PD 3 (Registration ONLY)
NCI PD 4 (Registration ONLY)

What Committees are you currently serving on? _____

Have you received your CMC designation? [] Yes [] No

Have you previously attended this event? [] Yes [] No

Have you ever previously received a scholarship from WMCA? [] Yes [] No

Have you included a letter of support from your supervisor, as required? [] Yes [] No

I hereby attest the information submitted in this application is true and accurate to the best of my knowledge. I have included a letter of support that also demonstrates financial need, if applicable. I understand and agree to complete the requirements of the scholarship award regarding full attendance and committee participation.

Signature: _____ Date Submitted: _____

PLEASE SEE THE WMCA SCHOLARSHIPS PAGE FOR DEADLINE INFORMATION

*Please submit the completed form and accompanying letter by mail or **email** (preferred) to:*

Tamara Gunter, Deputy City Clerk
City of Battle Ground
109 SW 1st Street, Suite 221
Battle Ground, WA 98604
tamara.gunter@cityofbg.org

For additional information, please call (360) 342-5007

For Committee Use Only

Scoring For Scholarship Application

Applicant is a Full Member of WMCA:

Applicant is a member of IIMC:

Applicant Pursuing CMC:

Applicant Pursuing MMC:

Applicant has not received a WMCA scholarship to this event before:

Applicant has not received any other scholarships during the WMCA fiscal Year (April 1 – March 31):

Applicant is currently serving on WMCA Committees (1 point per year, max of 5):

Exhibited Need:

TOTAL SCORE: