



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

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: \_\_\_\_\_

## WASHINGTON MUNICIPAL CLERKS ASSOCIATION

### PLEASE SEE THE WMCA SCHOLARSHIPS PAGE FOR DEADLINE INFORMATION

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

Megan Gregor, Deputy City Clerk  
City of Renton  
City Clerk's Office  
1055 S. Grady Way  
Renton, WA 98057  
[mgregor@rentonwa.gov](mailto:mgregor@rentonwa.gov)

For additional information, please call (425) 430-6504

#### 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:

Exhibited Need:

TOTAL SCORE: