

## WASHINGTON MUNICIPAL CLERKS ASSOCIATION

**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)  
 Athenian Dialogue (Registration Only)\* Note: Not always offered  
 Combined Fall Academy and Athenian Dialogue (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 WMCA 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  
City Clerk's Office  
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: