

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)

- | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> WMCA Annual Conference (Registration ONLY) | <input type="checkbox"/> IIMC Advanced Academy (up to \$500) |
| <input type="checkbox"/> First-Time WMCA Annual Conference (Registration & Lodging) | <input type="checkbox"/> IIMC Conference Registration (up to \$500) |
| <input type="checkbox"/> Spring Academy ONLY (Registration)* Note: Must have CMC to apply | <input type="checkbox"/> NCI PD 1 (Registration & Lodging) |
| <input type="checkbox"/> Fall Academy (Registration ONLY) | <input type="checkbox"/> NCI PD 1 (Registration & Commuter Pkg) |
| <input type="checkbox"/> Athenian Dialogue (Registration Only)* Note: Not always offered | <input type="checkbox"/> NCI PD 2 (Registration ONLY) |
| <input type="checkbox"/> Combined Fall Academy and Athenian Dialogue (Reg. ONLY) | <input type="checkbox"/> NCI PD 3 (Registration ONLY) |
| | <input type="checkbox"/> 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:

Megan Gregor, Deputy City Clerk/Enterprise Content Manager
City of Renton
City Clerk's Office
1055 S. Grady Way
Renton, WA 98057
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 (1 point per year, max of 5):

Exhibited Need:

TOTAL SCORE: