



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 (May 1 – April 30):

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

Exhibited Need:

TOTAL SCORE: