

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 WMCA Committees are you currently serving on? _____

*Note: It is a requirement that if you are awarded a scholarship, you must serve on the Fundraising Committee for the coming year.

Have you received your CMC designation? Yes No If no, are you pursuing your CMC?

Have you attended this same event before? 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: