



SCHOLARSHIP REIMBURSEMENT REQUEST FORM

NCI Virtual Sessions 2020

Please complete all sections.

The WMCA Executive Committee has approved offering scholarships/reimbursements for the Virtual NCI Sessions. Scholarships/Reimbursement is available to any WMCA member attending a virtual NCI session. A maximum of 20 scholarships will be awarded and each member is only eligible for one scholarship.

Name: _____ Agency Name: _____

Mailing Address (for reimbursement): _____

Name of NCI Virtual Professional Development session attended:

Amount of reimbursement being requested \$ _____

I, _____, do certify that I was in full attendance at the above-named session I am requesting reimbursement for and I have attached a copy of my certificate of attendance/completion to this Reimbursement Request Form. I understand as a scholarship recipient, I am required to help/serve as a member on the Fundraising Committee for the coming year.

By checking this box, I certify that neither I, nor my Entity, is being reimbursed by any other agency for this training.

Signature: _____

Date: _____

Once completed, please submit this form via email to Scholarship Committee Chair Tamara Gunter at tamara.gunter@cityofbq.org.