



SCHOLARSHIP REIMBURSEMENT REQUEST FORM

Please complete all sections.

Name: _____ Agency Name: _____

Mailing Address (for reimbursement): _____

Name of Scholarship Event Attended (i.e. Annual Conference, NCI/PDI – PD1V, Fall Academy, etc.):

Amount of Reimbursement being Requested (this was provided in your scholarship recipient email): \$ _____

I, _____, do certify that I was in full attendance at all sessions during the training/event, completed a KTAP (if applicable), I received a scholarship 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 on the Fundraising Committee for the coming year.

Signature: _____ Date: _____

Once completed, please submit this form via email to WMCA Treasurer Gina Anderson via email at andersong@ci.woodland.wa.us with a copy to Scholarship Committee Chair Treva Percival at tpercival@cityofbuckley.com.