 ![MPj04016240000[1]]()

OLYMPIC REGION MUNICIPAL

CLERKS ASSOCIATION

 SCHOLARSHIP APPLICATION

Registration Fees for IIMC Professional Development, WMCA Conference or Advanced Academy

Deadline for application is January 31

|  |
| --- |
| Name: |
| Employer: |
| Mailing Address: |
| Phone: | Email: |
| Current Position/Title: | Date Position Assumed: |
| Length of Time in ORMCA: | Time in Profession: |

|  |
| --- |
| Scholarships will be ranked in priority as follows: WMCA Spring Academy, WMCA Fall Academy, PD4, PD1, PD2, PD3Additional funding is available from agencies that have WCIA coverage. |
| **Scholarship support is requested for (select one):** |
| PD 1 |  |  |  |
| PD 2 |  |  |  |
| PD 3 |  |  |  |
| WMCA Spring Academy |  |  |  |
| WMCA Fall Academy |  |  |  |
| PD 4 |  |  |  |

Have you been awarded a scholarship from ORMCA in the past? If so, when?

Will your employer be able to finance your travel and/or lodging expenses?

Is your employer funding other training opportunities for you?

If yes, please describe:

Total amount being requested:

**Check all that apply:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member of IIMC |  | Member of WMCA |  | CMC Designation |  | MMC Designation |  |
| Enrolled in CMC certification program |  | Enrolled in MMC certification program |  |
| Other Certifications:  |  |
|  |
|  |

**ITEMS TO BE INCLUDED WITH APPLICATION**

Letter from your Supervisor stating a need for funds which are unavailable thus preventing your attendance. The letter must include a statement that your Employer understands that this time away from work is for training and will not impact your personal leave balance and that the Employer supports you taking this time away from work if the scholarship is awarded to you.



Any other documentation you feel may benefit the Committee when reviewing your application.



I hereby attest that the above information is true and correct to the best of my knowledge. I understand that if the scholarship is awarded and accepted, I may be asked to make a report on my experience at a future ORMCA meeting. If, because of an unforeseen circumstance, I cannot attend the conference or training I will notify ORMCA immediately and will be responsible to return the scholarship amount (less any cancellation fee) to ORMCA. A report to ORMCA following the conference/class is due 3 weeks following the last date of the event.

Applicant signature: Date:

For Committee Use Only

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| --- |
| **Scoring for Scholarship Application** |

|  |  |
| --- | --- |
| Applicant is a first-time applicant |  |
| Applicant is a member of ORMCA |  |
| Applicant is a member of IIMC |  |
| Applicant Pursuing CMC |  |
| Applicant has not received a ORMCA scholarship before |  |
| Applicant has not received any other scholarships during the ORMCA fiscal year (May 1-April 30) |  |
| Applicant is currently serving on WMCA Committees (1 point per year, max of 5): (Choose # of Committees)List Committees: |  |
|  |  |
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| --- | --- | --- |
| TOTAL SCORE: |  |  |