

OAMR ANNUAL CONFERENCE REGISTRATION SCHOLARSHIP APPLICATION

Revised February 24, 2006

I hereby apply for scholarship funds from the Oregon Association of Municipal Recorders to attend the OAMR Annual Conference:

1. Name: _____
Last Name First Name Initial

2. Title: _____

3. Employed by: _____ Business Phone: _____

4. E-Mail Address: _____

5. Business Address: _____
City Zip Code

6. Date assumed present position: _____

7. Is your position: Full Time Part Time

8. Related Municipal Experience:

<u>City/District/County</u>	<u>Title</u>	<u>Date Started</u>	<u>Date Left</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. How many years have you been a member of OAMR: _____

10. How many years have you been a member of IIMC: _____

11. List OAMR Committees served on (include all committees and each year you served); offices held; and number of OAMR annual conferences attended (use additional page if needed):

12. Are you pursuing your Certified Municipal Clerk designation or seeking to re-certify your CMC designation: Yes No

13. Are you pursuing your Master Municipal Clerk designation: Yes No

14. Have you applied for any other OAMR Scholarship Funds During the current budget year (November 1st through October 31st): Yes No

Annual Conference Registration Scholarship Application, Page 2

15. Have you applied to your entity for funds to attend the academy: Yes No

Please explain the action taken on your request and by whom: _____

16. How will you fund the costs not covered by the scholarship (i.e. travel, lodging and food):

17. What does it mean to you to receive certification or to participate in a continuing education program: _____

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 from my employer and letter addressing financial need, as required within the scholarship criteria.

Signature

Date

**Submit completed application, letter of support, and financial need documentation to:
OAMR Scholarship Committee Chair
Amber Deming, CMC
City of Hillsboro
150 E Main Street
Hillsboro, OR 97123**

**SUBMITTAL DEADLINE: JULY 11, 2008 – 5:00 PM
APPLICATIONS MUST BE RECEIVED ON OR BEFORE SUBMITTAL
DEADLINE – POSTMARKS WILL NOT BE CONSIDERED**