

# OAMR MID-YEAR ACADEMY SCHOLARSHIP APPLICATION

I hereby apply for scholarship funds from the Oregon Association of Municipal Recorders to attend the Mid-Year Academy:

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 1<sup>st</sup> through October 31<sup>st</sup>):                      Yes                      No

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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 Mathiesen  
City of Cornelius  
1355 N. Barlow Street  
Cornelius, OR 97113**

**SUBMITTAL DEADLINE: March 3, 2010 – 5:00 PM  
APPLICATIONS MUST BE RECEIVED ON OR BEFORE SUBMITTAL  
DEADLINE – POSTMARKS WILL NOT BE CONSIDERED**