

# OAMR PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION

I hereby apply for scholarship funds from the Oregon Association of Municipal Recorders to attend **Professional Development Seminar: I II III IV (circle one)** for the year 2030.

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 (*applicant must have been in the position of a full-time municipal recorder or deputy municipal recorder for a minimum of one year*): \_\_\_\_\_

7. Is your position:      Full Time                      Part Time

8. Related Municipal Experience:

<u>City/District</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; offices held; attendance at OAMR sponsored seminars; and number of OAMR conferences attended (use additional page if needed): \_\_\_\_\_

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12. Have you received an OAMR scholarship for any PD seminars:    Yes      No      If you answered "yes", please indicate which PD Program you received funding for \_\_\_\_\_

13. Indicate the Professional Development Seminars you have completed:

PD I                      PD II                      PD III                      PD IV

