

**OAMR PROFESSIONAL DEVELOPMENT
SCHOLARSHIP APPLICATION**
DEADLINE IS FEBRUARY 9, 2011

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 2011.

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>
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_____	_____	_____	_____
_____	_____	_____	_____

9. Are you a current member of OAMR? _____

10. Are you a current 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):

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 _____

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13. Indicate the Professional Development Seminars you have completed:
PD I _____ PD II _____ PD III _____ PD IV _____
14. Are you pursuing your Certified Municipal Clerk or Master Municipal Clerk designation?
Yes _____ No _____
15. Have you applied for any other OAMR scholarship funds during the current budget year (November 1 through October 31)? Yes _____ No _____
16. Have you applied to your entity for funds to attend the program? Yes _____ No _____
17. Please explain the action taken on your request and by whom: _____

18. How will you fund the costs not covered by the scholarship (i.e. travel, lodging and food) and the remaining phases to complete the Certification Program? _____

19. 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 Debbie Werner
150 East Main Street, Hillsboro, Oregon 97123**

**SUBMITTAL DEADLINE: FEBRUARY 9, 2011– 5:00 PM
APPLICATIONS MUST BE RECEIVED ON OR BEFORE SUBMITTAL DEADLINE.
POSTMARKS WILL NOT BE CONSIDERED.**