



SCHOLARSHIP REIMBURSEMENT REQUEST FORM

Please complete all sections.

NW Clerks Institute Virtual Training Session First Registered-First Paid Basis **Reimbursable Scholarship**

Name: _____ Agency Name: _____

Business Mailing Address: _____

Name of Scholarship Event Attended (ie. NW Clerks Virtual Training Session):

Amount of reimbursement being requested: \$ _____

I, _____, do certify that I was in attendance during the virtual training event that I received a scholarship for and I have included a copy of my certificate of completion with my Reimbursement Request Form. I understand as a scholarship recipient, I am required to help/serve on the Conference Committee and or the Special Project/Fundraising Committee for the coming year.

Signature: _____

Date: _____

Once completed, please submit this form via email to OAMR Treasurer Melissa Thompson Kiefer at mthompson@nehalem.gov and a copy to Scholarship Committee Chair Debby Roth at debby.roth@corneliusor.gov.