



SCHOLARSHIP APPLICATION FOR OAMR/IIMC

Deadline Varies – Check OAMR website under Scholarships

Please complete all **APPLICABLE** sections of the application.

(APPLYING FOR MID-YEAR, ONLY CHECK MID-YEAR AREAS; PD ONLY PD AREAS, etc.)

APPLYING FOR (Check Applicable): Mid-Year Academy Annual Academy Annual Conference IIMC
NW Clerks Institute Professional Development (PD) PD I PD II PD III PD IV Master Academy
NW Clerks Institute Virtual Training Session First Registered-First Paid Basis **Reimbursable Scholarship**

Name: _____ Title: _____

Employer: _____ Email Address: _____

Business Address: _____ Business Phone: _____

OAMR designation (check one – see OAMR Bylaws for qualifications) Member Associate Member

If you are an Associate Member, are you currently employed by a legislative body? _____

Are you a current member of IIMC? _____

Are you pursuing certification through IIMC? CMC MMC Neither/already have it

Please describe what it means to you to achieve certification or participate in a continuing education program: _____

ANSWER ONLY THE SCHOLARSHIP QUESTIONS YOU'RE APPLYING FOR

Mid-Year Academy:

Have you received scholarships to attend (List Years) _____

Have you applied but did not receive a scholarship (List Years) _____

Annual Academy:

Have you received scholarships to attend (List Years) _____

Have you applied but did not receive a scholarship (List Years) _____

Annual Conference:

Have you received scholarships to attend (List Years) _____

Have you applied but did not receive a scholarship (List Years) _____

NW Clerks Institute Professional Development (PD I, II, III, IV):

Have you received scholarships to attend (List Years) _____

Have you applied but did not receive a scholarship (List Years) _____

NW Clerks Institute Virtual Training Session: First-time online training
NW Clerks Institute Professional Development Virtual Training Session Requesting: _____

IIMC Annual Conference: First-time IIMC conference attendee
IIMC Conference attended (List Years): _____

IIMC Annual Conference: Serve or Served on an IIMC committee
If yes, which one(s)(include dates serves as month/year to month/year) _____

IIMC Annual Conference: Please describe what it means to you to attend an IIMC conference: _____

**FOR SUPERVISORS TO READ AND APPROVE-Reimbursable Scholarship
(Mayor or City Manager or Supervisor)**

A scholarship recipient is required to submit a Knowledge Transfer Action Plan (KTAP) within 30 days of attending the event, in order to submit for reimbursement. If not done within the 30-day period recipient cannot receive a scholarship for the next fiscal year (November – October). Also, the scholarship recipient is required to PARTICIPATE on either the Conference Committee or the Fundraising Committee for the following fiscal year (November – October). If the recipient does not participate, the recipient will not be able to receive a scholarship for three fiscal years. Please sign acknowledging you understand the scholarship recipient requirements.

Signature of Supervisor: _____ Date: _____

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 that also demonstrates financial need, as required within the scholarship guidelines. I understand and agree to complete the requirements of the scholarship award regarding the scholarship report and committee participation.

Applicant Signature: _____ Date: _____

Please submit the completed form and accompanying letter by email or mail to:

OAMR Scholarship Committee Chair
Debby Roth, MMC
1355 N Barlow Street
Cornelius, OR 97113

Debby.roth@corneliusor.gov

For additional information, please call (503) 992-5305