



## SCHOLARSHIP REIMBURSEMENT REQUEST FORM

*Please complete all sections.*

Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Mailing Address (for reimbursement): \_\_\_\_\_

Name of Scholarship Event Attended (i.e. Annual Conference, NCI/PDI – PD1V, Fall Academy, etc.):

\_\_\_\_\_

Amount of Reimbursement being Requested (this was provided in your scholarship recipient email): \$ \_\_\_\_\_

I, \_\_\_\_\_, do certify that I was in full attendance at all sessions during the training/event, completed a KTAP (if applicable), I received a scholarship for and I have attached a copy of my certificate of attendance/completion to this Reimbursement Request Form. I understand as a scholarship recipient, I am required to help/serve on the Fundraising Committee for the coming year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, please submit this form via email to WMCA Treasurer Gina Anderson via email at [andersong@ci.woodland.wa.us](mailto:andersong@ci.woodland.wa.us) with a copy to Scholarship Committee Chair Kim Agfalvi at [kagfalvi@cityoforting.org](mailto:kagfalvi@cityoforting.org).