



SCHOLARSHIP APPLICATION

Please complete all sections of the application.

Name: _____

Email: _____

Employer: _____

Job Title: _____

Employer Address: _____

Start date in current job: _____

How long in clerk profession: _____

WMCA Membership Class: ☐ Active ☐ Affiliate ☐ Associate ☐ None; Joining now
(check one)

If you are an Associate/Affiliate member, are you employed by a legislative body? ☐ Yes ☐ No ☐ N/A

Are you currently a member of IIMC? ☐ Yes ☐ No

Which of the following events and item are you applying for a scholarship? **Note: please select either registration or lodging.*

_____ WMCA Annual Conference ☐ Registration or ☐ Lodging

_____ **First-time** WMCA Annual Conference attendee (scholarship includes both registration and lodging)

_____ Spring Academy only ☐ Registration or ☐ Lodging

_____ IIMC Annual Conference Registration (up to \$500) ☐ Registration or ☐ Lodging

_____ IIMC Advanced Academy (up to \$500) ☐ Registration or ☐ Lodging

_____ Combined Fall Mini-Conference ☐ Registration or ☐ Lodging

_____ Fall Academy ☐ Registration or ☐ Lodging

_____ Fall Athenian Dialogue ☐ Registration or ☐ Lodging

Northwest Clerks Institute (NCI):

_____ Professional Development 1 (both registration & housing on campus can be applied for)

_____ Professional Development 2 ☐ Registration or ☐ Lodging

_____ Professional Development 3 ☐ Registration or ☐ Lodging

_____ Professional Development 4 ☐ Registration or ☐ Lodging

What WMCA Committees are you currently serving on? _____

Do you have your Certified Municipal Clerk (CMC) designation? ☐ Yes ☐ No

If no, are you pursuing your CMC? ☐ Yes ☐ No

Have you attended this event before? ☐ Yes ☐ No

Have you ever received a scholarship from WMCA? ☐ Yes ☐ No

Have you included a letter of support from your supervisor, as required? ☐ Yes ☐ No

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 supervisor, as required.

I understand and agree that I will need to complete the requirements of the scholarship award including full attendance at the event, completion of a KTAP (if applicable), and future participation on the fundraising committee.

Signature: _____ Date submitted: _____

Please submit the completed application materials by email to:

Kim Agfalvi
City of Orting

kagfalvi@cityoforting.org

For additional information or questions, please call (360) 893-9008

Late applications will not be considered.

Please see the WMCA scholarship webpage for specific deadline information.