**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 🞏Registration or 🞏 Lodging or 🞏Both

(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](mailto:kmackie@ci.chehalis.wa.us)

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.**