



**IIMC CONFERENCE SCHOLARSHIP APPLICATION**  
**Deadline is August 4, 2017**

Name:  Mr.  Ms. \_\_\_\_\_ Email address: \_\_\_\_\_

Business address: \_\_\_\_\_ Business phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

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When did you join OAMR? (month/year) \_\_\_\_\_

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? \_\_\_\_\_

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List OAMR annual conference attendance dates, if applicable: \_\_\_\_\_

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List OAMR committee service (including chair positions and dates served as month/year-month/year), if applicable:

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List Board positions (including dates served as month/year-month/year), if applicable: \_\_\_\_\_

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Are you a current member of IIMC? \_\_\_\_\_ Will you be a first-time IIMC conference attendee? \_\_\_\_\_

When was the last IIMC conference you attended (if applicable)? \_\_\_\_\_

Do you serve on or have served on an IIMC committee? \_\_\_\_\_ If yes, which one(s)? (include dates served as month/year-month/year) \_\_\_\_\_

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

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Have you applied for any other OAMR scholarship funds during the current budget year (November through October)? (If "Yes", indicate funding received.) \_\_\_\_\_

Have you applied to your employer for funds to attend the conference? \_\_\_\_\_

Please describe the action taken on your attendance request and by whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you fund the costs not covered by the scholarship (i.e. travel, lodging and food)? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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Please describe what it means to you to attend an IIMC conference: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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*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.*

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

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**DEADLINE: Friday, August 4, 2017, 5 p.m.** (postmarks will *not* be considered)

Do not submit the application materials prior to May 5, 2017.

*Please submit the completed form by mail, fax or email to:*

*Nanci Moyo*

*OAMR Scholarship Committee Chair*

*PO Box 4755*

*Beaverton, OR 97076*

*Fax number (503) 526-2479*

*[nmoyo@beavertonoregon.gov](mailto:nmoyo@beavertonoregon.gov)*

*For additional information, please call (503) 526-2650*