



## ANNUAL CONFERENCE REGISTRATION SCHOLARSHIP APPLICATION

**Deadline is June 9, 2017**

*Please complete all sections of the application. Attach additional sheets if necessary.*

Name:  Mr.  Ms. \_\_\_\_\_ 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? Yes \_\_\_\_\_ No \_\_\_\_\_

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

---

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

---

---

Have you received an OAMR scholarship to attend an institute before? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "Yes", indicate years in which funding was received and/or years *you applied* and did not receive funding.)

---

---

First Time Attendees for the Annual Conference in need of Funding for Lodging please check here \_\_\_\_\_

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

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

---

---

---

---

---

---

*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.*

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

---

**DEADLINE: Friday, June 9, 2017, 5 p.m.** (postmarks will *not* be considered)  
Do not submit the application materials prior to April 10, 2017.

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

*Nanci Moyo  
OAMR Scholarship Committee Chair  
PO Box 4755*

*Beaverton, Oregon 97076-4755*

*Fax number (503) 526-2479*

*nmoyo@beavertonoregon.gov*

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