



## PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION

**Deadline is March 3, 2017**

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

Name:  Mr.  Ms. \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address \_\_\_\_\_

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

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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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Are you a current member of IIMC? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Which institute sessions have you already completed?

PD1 \_\_\_\_\_ PD2 \_\_\_\_\_ PD3 \_\_\_\_\_ Master Academy (include how many times) \_\_\_\_\_

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Have you received an OAMR scholarship to attend an institute before? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "Yes", indicate funding received.)

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First Time Attendees for PD1 in need of Funding for Lodging please check here \_\_\_\_\_

How will you fund the costs not covered by the scholarship and for future institutes in pursuit of certification?

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

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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. I understand and agree to complete the requirements of the scholarship award regarding the scholarship report and committee participation.*

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

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**DEADLINE: Friday, March 3, 2017, 5 p.m.** (postmarks will *not* be considered)  
Do not submit the application materials prior to December 5, 2016.

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

*Nanci Moyo  
OAMR Scholarship Committee Chair  
PO Box 4755  
Beaverton, OR 97076-4755  
Fax number (503) 526-2479  
nmoyo@beavertonoregon.gov  
For additional information, please call (503) 526-2650*