

MARY WATT SCHOLARSHIP REIMBURSEMENT REQUEST

(Professional Development Outreach (PDO) Students Only)

PLEASE TYPE OR PRINT INFORMATION REQUESTED

Signature of Hosting Clerk

Email form to: Scholarship Chair cmcascholarship@gmail.com

Date

iling Address		First Name	Municipality	
			City and State	Zip Code
ephone Number		Fax Number	E-mail Address	
me of	PDO Attended:			
e:		Location:		
	equesied from N	Mary Watt Scholarship F	unα φ	
CI o	MCA SCHOLA Winner must b	ARSHIP COMMITTEE	GUIDELINES FOR SCHO	
	Winner must be should be directly the funds are calendar year. name from a hand Scholarship Rochair will forward.	De a current Member of to cted to the Membership de available, scholarship (some available, scholarship). The winner(s) will be deat. The host clerk and with the imbursement Request to avail the information to the company of the co	GUIDELINES FOR SCHO the CMCA. Questions reg Chair. will be funded after each termined by the host clerk nner(s) will complete and the CMCA Scholarship C	arding membership PDO course during the drawing the winner's forward the Mary Watt Chair. The Scholarship

	For Of	Official Use
Date of Application	Receipt:	☐ CMCA Dues Current
Previous Awards (D	ate/Amount):	
☐ Award Granted	□Award Denied	Amount Awarded: \$