



OAMCCC Scholarship Application

1. Conference Fee \$ _____
) Days attending (circle which days you are requesting to attend)
) Wednesday
) Thursday
) Friday

2. Number of Years as an OAMCCC Member _____

3. OAMCCC Membership/Involvement: cite offices held; committee involvement.

4. Please cite any court administration conferences attended in the previous two years and how they were funded.

5. Explain how the receipt of this scholarship will benefit you and your court.

6. Narrative for Consideration:

Signature of Applicant: _____ Date _____

Applications should be sent to:
Cindy Dinovo, Clerk of Court
70 N. Union Street
Delaware, Ohio 43015
740-203-1581
cdinovo@municipalcourt.org