



## 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