



# INSTRUCTIONAL MATERIALS COORDINATORS' ASSOCIATION of TEXAS



## RUSSELL OWEN MEMORIAL SCHOLARSHIP APPLICATION

Return by Sept. 21, 2018 to Russell Owen Scholarship, C/O IMCAT, PO Box 676, Pflugerville, TX 78691

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

School District: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Department: \_\_\_\_\_ #of yrs./ months: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Email address: \_\_\_\_\_

Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Email address: \_\_\_\_\_

Why does applicant deserve scholarship to Instructional Material Coordinators' Association of Texas Annual Conference?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant have the support/ approval of Director & Superintendent to attend? Yes or No

Does applicant plan on attending the entire conference (3 days)? Yes or No

If no please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever attended conference before? Yes or No