

BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO SCHOLARSHIP APPLICATION

(For members and their dependents)

Must be submitted by December 31, 2015

Applicant Name _____
Last First Middle

Home Address: _____
Number & Street

City/Town State Zip Code

Home Phone: (____) _____

BOCONEO Member: _____
Name Relationship to Applicant

Department Name

Work Address: _____
Number & Street

City/Town State Zip Code

Work Phone: (____) _____

List all High Schools, Colleges, Universities and trade Schools you have attended:

Name of School	Dates Attended	Grade Point Average	Degrees Earned

LIST ALL EMPLOYERS STARTING WITH THE MOST RECENT:

Name	Address	Job Title and Dates Employed

List membership in clubs, volunteer groups, etc.: _____

Write the complete name, address and phone number of the institution you plan to attend (utilizing this scholarship):

Name Street City/Town Zip Code

Phone Number: (____) _____

Indicate the field of study you have chosen to pursue: _____

Indicate the term for which scholarship is sought: _____

Tuition Cost: \$ _____ per semester/quarter.

Please state why BOCONEO should award you this scholarship: _____

STATEMENT OF APPLICANT:

In applying for consideration, I am aware that the scholarship is to be applied toward tuition only unless otherwise specified.

If granted a scholarship, it is my intention to remain a full time student (as defined by the institution) for the term(s) for which the scholarship is being applied.

I verify that all information submitted is true and correct to the best of my knowledge.

Applicant's Signature

Date

BOCONEO Scholarship Application

Send this application to
 BOCONEO
 P.O. Box 241295
 Cleveland, Ohio 44124