

# BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO SCHOLARSHIP APPLICATION

(For members and their dependents)

**Must be submitted by December 31, 2016**

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