

BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO SCHOLARSHIP APPLICATION

(For members and their dependents)

Must be submitted by February 15, 2019

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 505 Novelty,
Ohio 44072