

# BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO 2024 SCHOLARSHIP APPLICATION

(For members and their dependents)

Must be submitted by January 31, 2024

Applicant Name \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City/Town State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

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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 18

Aurora, Ohio 44202