



BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO

2027 SCHOLARSHIP APPLICATION

(For members and their dependents only)

Must be submitted by January 31, 2027

Applicant Name: _____
Last First Middle

Home Address: _____
Number & Street
City/Town State Zip Code

Home Phone: (____) _____

Email: _____

BOCONEO Member: _____
Name Relationship to Applicant
Member's Department/Business 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 employers, 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
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Phone Number: () _____

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

Indicate the term for which scholarship is sought: _____

Tuition Cost: \$ _____ per semester.

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 Sign	Date
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Send this application to:

BOCONEO ~ P.O. Box 18 ~ Aurora, Ohio 44202 OR

email to boconeo@gmail.com