

**BUILDING OFFICIALS CONFERENCE OF NORTHEAST OHIO  
SCHOLARSHIP APPLICATION**

(For members and their dependents)

**Must be submitted by October 1, 2010**

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
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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/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 311098  
 Independence, OH  
 44131