

Rhode Island Building Officials Association

Scholarship Fund Application Instructions

Purpose:

The purpose of this scholarship program is to provide tuition to children and grandchildren of active members in good standing for three consecutive years of the Rhode Island Building Officials Association

Scholarship Benefits:

- Recipients can be awarded tuition assistance of up to \$1500 per academic year for a maximum of four years.

Eligibility Criteria:

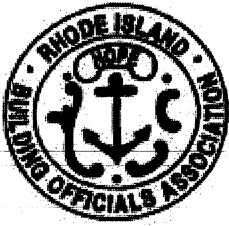
Applicants must:

- a) Be scholastically responsible by attaining a cumulative grade point average of B- (80% or 2.67/4.0) or equivalent at time of application. If application is for 1st year of college this requirement applies to high school transcript. If application is for 2nd year or subsequent year of college, this requirement applies to college grade only.
- b) Have relative financial need for the scholarship.
- c) Complete the attached form and all attachments by June 1st for the academic year beginning in September to:

Scholarship Committee
RIBOA
P.O. Box 1246
Coventry, RI 02816

Administrative Guidelines:

- Applications can be obtained by the Scholarship Committee Chairperson or on the RIBOA website. Applications must be received by June 1st.
- Selections will be made on or before July 1st.
- Applicants will be notified by July 1st.
- The award will be mailed to the applicant once it is awarded
- Recipients must enroll within six (6) months of being awarded the scholarship and provided evidence of attendance to the Rhode Island Building Officials Association Scholarship Committee.



Rhode Island Building Officials Association

SCHOLARSHIP FUND APPLICATION

APPLICANTS NAME: _____
Last First Middle

HOME ADDRESS _____
Number and Street

City/Town State Zip Code

Phone Number

RIBOA MEMBER SPONSOR _____
Name Relation to Applicant

TITLE _____ **DEPARTMENT** _____

WORK ADDRESS _____
Number and Street

City/Town State Zip Code

PHONE NUMBER () _____

List all High Schools and Colleges you have attended.

Name of School **Dates Attended** **GPA** **Degree Earned**



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List all employers, starting with the most recent:

Company Name _____ Address _____ Dates Employed _____

Provide the following information concerning the college you are planning to attend:

Name of School _____ Location _____

Planned Major: _____

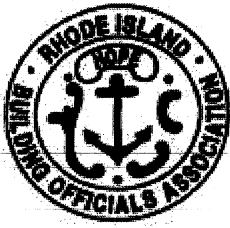
Year Scholarship will be applied (freshman, sophomore, etc.): _____

Tuition Cost\$ _____ per semester

Applicant Statement:

In applying for consideration, I am aware that the scholarship is to be applied to tuition only unless otherwise specified. In the event that my tuition cost for the academic year does not equal the amount of the scholarship awarded, I understand that I will receive only the amount of the tuition. It is my intention to remain a full time student (as defined by the institution) for the term(s) for which the scholarship is applied. I certify that all information submitted is true and correct to the best of my knowledge.

Applicants Signature _____ Date _____



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CONFIDENTIAL STATEMENT OF FINANCIAL

Applicant's Name _____

Date of Application: _____

Identify below all sources of scholastic aid available to you during the school year for which this application is made

A. Aide from parents	\$ _____
B. Personnel savings, investments, trusts, etc.	\$ _____
C. Earnings- current calendar year.	\$ _____
D. Social Security, Veterans benefits, etc	\$ _____
E. Other Scholarships, loans or grants expected to be available for the upcoming year.	\$ _____
F. Aid from other relatives.	\$ _____
G. Other	\$ _____
Total	\$ _____

- This information will be used to determine relative need for financial assistance and will be kept strictly confidential by the Scholarship Committee.



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REFERENCE FORM

Please complete and return this form by June 1st. If this applicant is currently in school or working, it is desired that the reference be completed by a teacher, guidance counselor or an employer. If not in school or working, a personal reference is acceptable.

Recommendation for: _____
Last First Middle

Submitted by: _____

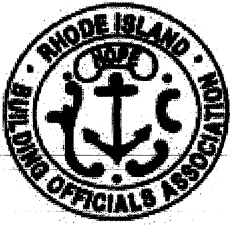
Position title: _____ Phone () _____

Address: _____

1. What is your relationship to, or in what capacity have you come to know the applicant
2. What are some of the qualities of this applicant that lead you to believe he/she merits a scholarship?
3. Are you aware of any personal circumstances that might interfere with the applicant's success as a student or the utilizations of the scholarship funds in a suitable manner?
4. Additional Comments:

Signature _____

Date _____



Rhode Island Building Officials Association

HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST

The below named high school/college has my permission to release my official transcript to the scholarship sponsor, Rhode Island Building officials Association (RIBOA)

Name of School

Signature of Student

INSTRUCTIONS

High School/College officials are requested to complete this form, attach a copy of the student's official transcript, and forward it to the scholarship sponsor. Transcripts must be provided by the scholarship sponsor on or before June 1st.

The Current mailing address is:
Rhode Island Building Officials Association
P.O. Box 1246
Coventry, RI 02186
Attn: Scholarship Committee

Please provide the following information, even if given on transcript:

Student's name _____
Last First Middle

Dates of attendance: From _____ To _____

Cumulative Grade Point Average _____

College Entrance Test Scores: CEEB/SAT Verbal _____ CEEB/SAT Math _____
ACT Composite _____ Date of Test ___/___/_____

High School Class Size _____ Class Rank of Applicant _____

- If final results are not available, this should be estimated based on latest information.

Remarks by counselors or teachers that may be beneficial to scholarship sponsor.

Name of School Official

Title