



**2020 Scholarship Award Application**  
**New York State Buildings Officials Conference**  
**Westchester Chapter – Mike A. Testa III Annual Scholarship**  
**Fall 2020 / Spring 2021**

Please print legibly. Unreadable information will not be considered.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Members Name: \_\_\_\_\_

How Long a Member? \_\_\_\_\_ Membership Status: ☐ Active ☐ Other \_\_\_\_\_

Applicant's relationship to NYSBOC Member: ☐ Self ☐ Spouse ☐ Son/Daughter

Members Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

City, Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Members Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Check the boxes on the guide page as you complete this application. The guide page is part of the application and must be included in the application. Before you sign and submit the application be sure you have checked all requirements, submitted all required documents and have postdated by appropriate dates. Previous applications are not acceptable. All documentation must be post marked or submitted by August 13, 2020.

I affirm that I have read and understand the terms and conditions under which the Scholarship Application is awarded and agree to bind myself to them. I also understand that the awards are granted based on statements made as part of the application and state they are true to the best of my knowledge and belief.

Check here if you have applied for this scholarship before: ☐

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For committee use only:

<u>NAME</u>	<u>Date Accepted</u>
Chairperson:	
Committee Member:	
Committee Member:	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **NEW YORK STATE BUILDING OFFICIALS CONFERENCE, INC.**

**2020 APPLICATION GUIDE** for the Fall 2020 / Spring 2021 Semesters **\*Read carefully new requirements\***

**PURPOSE:** The purpose of the scholarship is to provide tuition assistance to Building Officials, their spouses, or their unmarried children. The Official must be a current Active Member of NYSBOC.

**BENEFIT YEAR:** **Fall 2020 / Spring 2021**

**DOCUMENTS AND ELIGIBILITY CRITERIA:** Applicants *Must* submit all required documentation:  
Check each box when you supply the required document(s).

☐ **Be scholastically responsible:** Have a grade point average of "C" or better.

☐ **Official Transcripts:** Only Final **Officially** Sealed, College or High school transcripts bearing the schools official seal are acceptable. Final official transcripts are required to be sent no later than **June 1, 2019**.

☐ **Submit the completed application form.** *All* applicants must include a, *currently dated*, personal letter of reference.

☐ **Self, Parent or Spouse must be an active paid member of NYSBOC.** The period of time is at least two years prior to the submission. You must be the applicant, spouse or unmarried child of an Active Paid Member.

## **ADMINISTRATION:**

Please forward **completed** applications to: Westchester NYSBOC  
c/o Town of Mamaroneck Building Dept.  
740 W. Boston Post Road  
Mamaroneck, NY 10543