

**NIAGARA FRONTIER BUILDING
OFFICIALS ASSOCIATION
EDUCATION COMMITTEE
SCHOLARSHIP AWARD**

AWARD BENEFITS:

Recipients will be awarded an amount to be determined after review by the committee. The amount not to exceed four hundred dollars (\$400.00) per semester (including summer semesters).

ADMINISTRATION:

The committee will accept applications at anytime and will expedite the approval process as necessary. Recipients will be notified of awards granted. Awards **will not be granted** until a certified transcript has been received from the educational institution verifying grades of "C" or better. Recipients may have their name and photo released to the president of the association committee for acknowledgment purposes.

ELIGIBILITY:

SPONSOR-

1. Must be an active member of the NFBOA for a minimum of two (2) years.
2. Must attend a minimum of three (3) association meetings per year, during the lifetime of the award. Certified by NFBOA secretary.

APPLICANT-

1. Must be an immediate family member of an active member of the NFBOA.
2. Must have a relative need for the scholarship award.
3. Initially, applicant to submit the following;
 - a. Complete application for 1st year award.
 - b. One (1) letter of personal reference.
 - c. One (1) business letter of reference.
4. Secondly, other semesters shall consist of a completed **application for each semester** for which an award is requested, and a certified transcript from the educational institution verifying a grade point of "C" or better at the time of application.

SUBMITTALS TO:

Eugene A. Nenni, CPCA
6396 O'Connor Dr.
Lockport, NY 14094

**NFBOA SCHOLARSHIP
APPLICATION**
PLEASE PRINT

MEMBER/SPONSOR

NAME: _____ PHONE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

YEARS/NFBOA: _____ MUST ATTEND 3 MEETINGS PER YEAR:

(Check Meetings Attended: JAN:___ MAR:___ MAY:___ JULY:___ SEPT:___ NOV:___)

MEMBER SIGNATURE: _____ DATE: _____

STUDENT/APPLICANT

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

I affirm that I have read and understand the conditions under which the scholarship application is accepted, and agree to adhere to them. I also understand that the awards are granted based on statements made as part of the application, and state that all are true to the best of my knowledge and belief.

Date: _____ Applicant's Signature: _____ Age: _____

(attach letters, transcripts, etc. to the back)

INSTITUTION ATTENDING

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

SEMESTER TERM YEAR: SPRING SEMESTER:20___ SUMMER:20___ FALL SEMESTER:20___

Send completed application to:

Eugene A. Nenni
6396 O'Connor Dr.
Lockport, NY 14094

Committee Use Only:

Active Member of NFBOA: Yes___ No___
Immediate Family of Active Mbr: Yes___ No___
Attended Min. of 3 Mtgs: Yes___ No___
Relative Need for Scholarship: Yes___ No___
Certified Transcript, If Applicable: Yes___ No___
GPA/Minimum of "C": Yes___ No___
Reference Letters: Personal___ Business___

CHAIRPERSON: _____ DATE ACCEPTED: _____

MEMBER: _____ DATE ACCEPTED: _____

MEMBER: _____ DATE ACCEPTED: _____

COMMENTS: _____