



## NEW YORK STATE BUILDING OFFICIALS CONFERENCE SCHOLARSHIP AWARD APPLICATION

Please print legibly

Applicant Name: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's relationship to NYSBOC Member:  Self  Spouse  Child  Other: \_\_\_\_\_

Planned Academic Major: \_\_\_\_\_

Scholarship applying for:  Murray Crandell Memorial Scholarship  
 John Flanigan Code Officials Achievement Award  
 Kevin Shea Achievement Award

Have you applied for this scholarship before:  Yes  No

Member Officials Name: \_\_\_\_\_ NYSBOC Chapter: \_\_\_\_\_

How many years have you been an active member of NYSBOC: \_\_\_\_\_

Is member currently in good standing with NYSBOC:  Yes  No

Member Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Members Email: \_\_\_\_\_

Applicants: Check the boxes [x] on the guide page as you complete this application. The guide page is part of the application and must be included with 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 by July 1<sup>st</sup>.

The scholarships are awarded without regard to race, color, creed, sex, or national origin. All scholarships will be awarded based on merit.

*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 affirm that they are true to the best of my knowledge and belief.*

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

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

*Attach letters, transcripts, guide page, etc. to this application*