



NEW YORK STATE BUILDING OFFICIALS CONFERENCE

MURRAY CRANDELL MEMORIAL SCHOLARSHIP

AWARD APPLICATION

Please print legibly. Unreadable information will not be considered.

Applicant Name _____ Phone _____-_____-_____

Street Address _____

City, Town _____ State _____ Zip _____

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

For Member Officials Only;

Member Officials Name _____ NYSBOC Chapter _____

How long have you been an active member? _____ Years Are you a current member in good standing:

Code Officials Employer _____ Address _____

City, Town _____ State _____ Zip _____ Phone _____

NYSBOC Member Email: _____ Fax Number _____

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 7th**.

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 _____ Dated _____

NYSBOC Member's signature _____ Dated _____

Attach letters, transcripts, tax forms, etc. to the back.

	For committee use only:	
NAME		DATE
CHAIRPERSON:	ACCEPTED:	
TREASURER:	ACCEPTED:	
COMMITTEE MEMBER:	ACCEPTED:	
COMMENTS:		