

FIRST COAST CHAPTER ICC~BOAF SCHOLARSHIP PROGRAM



APPLICANT NAME

APPLICATION DEADLINE: July 17, 2017
SELECTION DATE: August 9, 2017
SCHOLARSHIP AWARDED: August 16, 2017

INSTRUCTIONS TO APPLICANT

1. This application has been prepared to obtain necessary information regarding the applicant. The applicant is required to give all information requested (unless noted as optional). Read the contents carefully and understand each question and all information requested.
2. It is recommended that you draft your answers on an extra form prior to completing the final application.
No consideration will be given to carelessly prepared or incomplete applications.
Do not answer any question with a check mark. If the answer is none or does not apply, it should be so stated. If spaces are inadequate for some answers, use a separate sheet. Answers must be legible.
3. Include a completed Outline of Financial Need statement for responsible parties. Also indicate, by title and amount, any other financial assistance you will be receiving.
4. **The following must be received by the First Coast Chapter ICC~BOAF no later than Monday, July 17, 2017.**
 - a. Two recommendation forms completed by teachers/faculty members, employer/professional contact and/or personal reference.
 - b. An up-to-date copy of your high school or college transcript of academic record.
 - c. ACT or SAT scores (not required for students already enrolled in college).
 - d. One-page narrative from the applicant explaining why he/she should be awarded the scholarship.
 - e. Outline of Financial Need Form
 - f. Application

SUBMIT ALL INFORMATION TO:

**First Coast Chapter ICC~BOAF
Attention: Scholarship Program
c/o St. Johns County Building Services
4040 Lewis Speedway
St. Augustine, FL 32084**

ELIGIBILITY

- Governmental building code enforcement Active Members and immediate family.
 - Children must be dependents as defined by the Internal Revenue Service. Typically, this includes birth children, stepchildren, legally adopted children, or a legal ward financially supported by the employee, as well as spouses.

SELECTION CRITERIA

- The applicant must:
 - Be pursuing educational opportunities beyond the high school level at a recognized and/or accredited institution.
 - Demonstrate a need for financial assistance. Financial information will be required along with detail of any other financial assistance the applicant is receiving.
 - Provide evidence of satisfactory scholastic achievement including grades, test scores and teacher recommendations.
 - Complete the Scholarship Application. A one-page narrative on why the applicant should be awarded the scholarship is also required.

I solemnly affirm that all information provided is correct to the best of my knowledge and that I have read and understand the information outlined above. If I am the recipient of a scholarship I agree to use the proceeds only for the furtherance of my education at an approved institution.

APPLICANT'S PRINTED NAME _____

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT REQUIRED TO PRINT AND SIGN NAME

Applicant's name: _____
(First) (Middle) (Last)

Home address: _____
(Street)

(City) (State) (Zip)

Email address: _____

Date of birth (optional): _____

Applicant's present occupation: _____

If employed, name of firm: _____

Address of firm: _____

ACTIVE MEMBER EMPLOYED BY GOVERNMENTAL JURISDICTION

Name: _____

Home address: _____
(Street)

(City) (State) (Zip)

Name of employer: _____

Title of position or job: _____

Length of employment: _____

I (applicant) hereby apply for a scholarship, which will enable me to obtain/continue my education at:

_____ (College, University, Trade School, etc.)

_____ (City, State)

beginning _____ and ending _____
(month/day/year) (month/day/year)

My class standing will be (Freshman, Sophomore, Junior, Senior): _____

My intended vocation is: _____

The course of study I plan to major is in: _____

PLEASE LIST ALL SCHOOLS ATTENDED:

SCHOOL	LOCATION	DATES	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INDICATE THE FOLLOWING (Attach additional information if needed):

Honors received: _____

Professional societies: _____

Clubs or fraternities: _____

Extracurricular activities: _____

Hobbies: _____

ADDITIONAL INFORMATION:

SCHOLARSHIP AWARD INFORMATION SHOULD BE SENT TO THE FOLLOWING ADDRESS:
(Please Note: If information is not provided, scholarship award information will be sent to the applicant’s address listed in the home address section on Page 3.)

Name _____

Address _____

(Street)

(City)

(State)

(Zip)

