

# FIRST COAST CHAPTER ICC~BOAF SCHOLARSHIP PROGRAM



## APPLICANT NAME

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**APPLICATION DEADLINE: May 17, 2019**

**SELECTION DATE: June 7, 2019**

**SCHOLARSHIP AWARDED: June 19, 2019**

## 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. The following must be received by the First Coast Chapter ICC~BOAF no later than Friday, May 17<sup>th</sup>, 2019.
  - a. Two recommendation forms completed by teachers/faculty members, employer/professional contact.
  - 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. 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.
  - 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:**

<b>SCHOOL</b>	<b>LOCATION</b>	<b>DATES FROM</b>	<b>TO</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Honors received: \_\_\_\_\_

Professional societies: \_\_\_\_\_

Clubs or fraternities: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Hobbies: \_\_\_\_\_



**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

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Address

(Street)

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(City)

(State)

(Zip)

