



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

JOHN “JACK” MALONEY

MEMORIAL SCHOLARSHIP

Scholarship Fund Application Instructions—revised 2017

Purpose:

The purpose of this scholarship program is to provide tuition assistance to the children, step-children and grandchildren of active members in good standing for two (2) consecutive years of the Rhode Island Building Officials Association.

Scholarship Benefits:

Recipients can be awarded tuition assistance of up to \$1,500 per academic year for a maximum of four years.

Eligibility Criteria:

Applicants Must:

- a) Be Scholastically responsible by attaining a cumulative grade point average (GPA) of 2.0 or equivalent at the time of application. If application is for the 1st year of college, this requirement applies to the High School transcript. If application is for 2nd, 3rd or 4th year of college, this requirement applies to applicable college grades only. You must submit either a High School or College transcript.
- b) Document a relative financial need for the scholarship with completed essay.
- c) Complete all of the attached forms and submit all transcripts and reference letter by May 1st for the academic year beginning in September to:

Scholarship Committee

RIBOA

P. O. Box 6125

Warwick, RI, 02887

Administrative Guidelines:

- ✓ Applications can be obtained from the Scholarship Committee Chairperson or on the RIBOA website. www.riboa.net.
- ✓ Applications must be postmarked or received by the Scholarship Committee by the close of business on May 1st.
- ✓ Selections will be made by the Scholarship Committee on or before June 1st.
- ✓ Applicants will be notified on or before July 1st.
- ✓ The scholarship award will be mailed to the applicant after it is awarded.
- ✓ The scholarship recipient must enroll within six (6) months of being awarded the scholarship and provide evidence of attendance to the Rhode Island Building Officials Association Scholarship Committee.



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

Scholarship Fund Application

APPLICANTS NAME: _____
Last First Middle

HOME ADDRESS: _____
Street Number and Name

City/Town State Zip Code

Phone Number Email

RIBOA MEMBER SPONSOR _____
Name Relation to Applicant

TITLE _____ **DEPARTMENT** _____

WORK ADDRESS: _____
Street Number and Name

City/Town State Zip Code

Phone Number Email

Consecutive Years as a RIBOA Member

LIST ALL HIGH SCHOOLS, COLLEGES AND TRADE SCHOOLS YOU HAVE ATTENDED.

<u>Name of School/College</u>	<u>Dates Attended</u>	<u>GPA</u>	<u>Degree Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

LIST ALL EMPLOYERS, STARTING WITH THE MOST RECENT.

Name	Address	Job Title	Dates Employed

List memberships in clubs, volunteer groups, sports activities, etc.:

ATTACH YOUR ESSAY EXPLAINING WHY YOU FEEL YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP

Write the complete name, address and phone number of the institution you plan to attend.
(Utilizing this Scholarship)

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Indicate the field of study you have chosen to pursue: _____

Indicate the term for which the scholarship is sought: _____

Tuition Cost per semester: _____



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

In applying for consideration, I am aware that the scholarship is to be applied toward tuition and books only unless otherwise specified. In the event that my tuition or books does not equal the full amount of the scholarship awarded, I understand that I will receive only the amount needed to fund the balance of the tuition or books.

If granted a scholarship, it is my intention to remain a full time student (as defined by the Institution) for the term (s) for which the scholarship is applied.

I verify that all information submitted is true and correct to the best of my knowledge.

Applicant's Signature

Date



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CONFIDENTIAL FINANCIAL STATEMENT

APPLICANTS NAME: _____
Last First Middle

DATE OF APPLICATION: _____

Identify below all sources of scholastic aid available to during the school year for which this application is made.

Tuition Cost for College Attending	\$ _____
Scholarship(s) from Colleges	\$ _____
Grants from Colleges	\$ _____
Free Tuition Assistance	\$ _____
Social Security or Veterans benefits assistance	\$ _____
Other Forms of aid received	\$ _____
Total	\$ _____

This information will be used by the Scholarship Committee to determine the relative need for financial assistance and will be kept strictly confidential by the Scholarship Committee.



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

APPLICANT REFERENCE/RECCOMENDATION FORM

APPLICANTS NAME: _____
Last First Middle

SUBMITTED BY: _____

POSITION/TITLE: _____ **PHONE:** (____) _____

ADDRESS: _____

EMAIL: _____

1) What is your reference relationship to, or in what capacity have you come to know the applicant?

2) What are some of the qualities of this applicant that lead you to believe that he/she merits a scholarship?

3) Are you aware of any circumstances that might interfere with the applicant's success as a student or the utilization of the scholarship funds in a suitable manner?

4) Additional Comments: _____

Signature: _____ **Date:** _____



RHODE ISLAND BUILDING OFFICIALS ASSOCIATION

HIGH SCHOOL OR COLLEGE TRANSCRIPT REQUEST FORM

The below named High School/College has my permission to release my transcript to the scholarship sponsor, namely the Rhode Island Building Officials Association RIBOA

Name of School/College

Signature of Applicant

INSTRUCTIONS

High School/College Official are requested to complete this form, attach a copy of the student's official transcript, and forward it to the scholarship sponsor or student. Transcripts must be submitted by the scholarship applicant with their application on or before the close of business on May 1st.

Submit completed application to:

**Rhode Island Building Officials Association
P. O. Box 6125
Warwick, RI, 02887**

Please provide the following information, even if given on the transcript:

Applicants Name: _____

Last

First

Middle

Dates of Attendance: From _____ To _____

Cumulative Grade Point Average (GPA) _____

College Entrance Test Scores: CEEB/SAT Verbal _____

CEEB/SAT Math _____

ACT Composite _____ Date of Test _____

High School Class Size _____ Class Rank of Applicant _____

*If final results are not available, this should be estimated based on latest information.

Remarks by counselors or teachers that may be beneficial to scholarship sponsor: _____

Name of School Official

Title

Signature of School Official

Date