



*Rhode Island building Officials Association*

*John “Jack” Maloney*

*Memorial Scholarship*

**Scholarship Fund Application Instructions**

***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 1<sup>st</sup> year of college, this requirement applies to the High School transcript. If application is for 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> 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 June 1<sup>st</sup> for the academic year beginning in September to:

***RIBOA Scholarship Committee***

***Attn: David Murphy***

***45 Broad Street***

***Westerly, RI, 02891***

***Administrative Guidelines:***

- ✓ Applications can be obtained from the Scholarship Committee Chairperson or on the RIBOA website. [www.riboa.net](http://www.riboa.net).
- ✓ Applications must be postmarked or received by the Scholarship Committee by the close of business on May 1<sup>st</sup>.
- ✓ Selections will be made by the Scholarship Committee on or before June 1<sup>st</sup>.
- ✓ Applicants will be notified on or before July 1<sup>st</sup>.
- ✓ 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.**

Name of School/College Dates Attended GPA Degree Earned

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**LIST ALL EMPLOYERS, STARTING WITH THE MOST RECENT.**

Name	Address	Job Title	Dates Employed

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

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**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



*Rhode Island building Officials Association*

**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.*



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**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?

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

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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?

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4) Additional Comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**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 1<sup>st</sup>.

**Submit completed application to:**

***RIBOA Scholarship Committee***

***Attn: David Murphy***

***45 Broad Street***

***Westerly, RI, 02891***

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 my be beneficial to scholarship sponsor: \_\_\_\_\_

\_\_\_\_\_

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Name of School Official	Title
Signature of School Official	Date