New Jersey Building Officials Association, Inc.
% Bob LaCosta, Treasurer
430 Park Avenue
Scotch Plains, NJ 07076

Memorial Scholarship in Honor of Deceased Members

PURPOSE

To provide tuition assistance to eligible students enrolled in an accredited institution of higher education.

AWARD BENEFITS

- **Amount:** Award amounts are established annually by the Executive Board (up to a maximum of **$2,000 per award**). Scholarships are one-time awards per applicant.
- **Use of Funds:** Recipients may use the award immediately toward educational costs.

ELIGIBILITY CRITERIA

Applicants must:

- Maintain scholastic responsibility with a minimum **cumulative GPA of C+** (or equivalent) at the time of application.
- Be enrolled at an accredited institution of higher learning for a minimum of one academic year.
- Remain enrolled as a **full-time student** (as defined by the institution) for the term(s) for which the scholarship is granted.
- Submit a fully completed application packet, including **Attachments A through F**, on or before **September 1st** of the application year.
  Note: Awards are *not* based on field of study.

ADMINISTRATIVE GUIDELINES

- **Availability:** Applications are available online at newjerseyboa.com or may be requested by mail.
- **Deadline:** The completed application and all supporting documents must be received by **September 1st**. Incomplete or late applications will be automatically disqualified.

- **Selection:** The NJBOA Scholarship Committee evaluates all applications and makes selections. Final dollar amounts are determined by the Executive Board.
- **Notification & Announcement:**
  - Recipients will be notified directly, and arrangements for disbursing the funds will be made at that time.
  - Recipients' names will be posted on the official NJBOA website.
  - Recipients will be formally announced at the Annual Business Meeting held in Atlantic City in November. Recipients do not need to be present to receive their award.
- **Media Release:** Recipients agree that their name and likeness/photograph may be published on the NJBOA website and in organizational publications.

ATTACHMENT A: Application Form

Please type or print clearly in black or blue ink. All sections must be completed.

Personal Information

- **Full Name:** _____
- **Mailing Address:** _____
- **City, State, Zip:** _____
- **Phone Number:** (_____) _____
- **Email Address:** _____

Employment Information (If Applicable)

- **Current Employer:** _____
- **Employer Address:** _____
- **Work Phone:** (_____) _____

Family & Household Information

- **Father's Name:** _____ Status: [ ] Living [ ] Deceased
  - **Occupation:** _____
- **Mother's Name:** _____ Status: [ ] Living [ ] Deceased
  - **Occupation:** _____
- **Parent(s) or Applicant's Marital Status:** [ ] Single [ ] Married [ ] Separated [ ] Divorced
- **Number of Dependents Supported by Parents/Guardians:** _____
- **Have you previously received this scholarship?** [ ] Yes [ ] No

ATTACHMENT B: Background & Activities

Relationship to NJBOA

- **Name of Active NJBOA Member Relative (if applicable):** _____
- **Relationship to Member:** _____

Extracurricular Activities & Community Service

List school/community activities, clubs, leadership positions held, and years of involvement (or

attach a separate sheet).

1.
2.
3.

Work Experience

List past employment, including job duties, employer, and dates/years employed (or attach a separate resume).

1.
2.

Educational Goals

- **Institution You Attend / Plan to Attend:** _____
- **Planned Field of Study / Major:** _____

ATTACHMENT C: Personal Essay

Prompt: Write an essay describing your career goals and how your experiences—in school, extracurricular activities, employment, or leadership roles—have prepared you for college and your future career. *(Attach additional pages if necessary.)*

Reminder: Failure to properly complete all sections and submit all required documentation by **September 1st** will result in application rejection.

ATTACHMENT D: College Transcript Request & Verification Form

(To be completed by College/School Officials)

Section 1: Student Request

Complete the top portion and sign. Forward this form to your registrar or school official.

- **Student Name:** _____
- **Student Address:** _____

Student Authorization: I hereby grant permission for the institution listed below to release my official academic transcripts and test scores to the NJBOA Scholarship Committee.

Signature of Student: _____ **Date:** _____

Section 2: Institutional Verification

To College/School Officials: Please complete the section below, attach an official transcript, and send directly to the address provided below. ***Must be received on or before September 1st.***

- **Name of Institution:** _____
- **Accrediting Body:** _____
- **Dates of Attendance:** From _____ To _____
- **Cumulative GPA:** _____

- **Entrance Test Scores (CEEB / SAT / ACT):**
  - **Verbal: _____ Math: _____ Date of Test: _____**
- **NJBOA Member Relative (if listed): _____**

Counselor / Official Remarks: *(Attach extra sheets if necessary)*

- **Official Name (Printed): _____ Title: _____**
- **Signature of Official: _____ Date: _____**

Return Address for Transcripts:

NJBOA Scholarship Committee
c/o Bob LaCosta
430 Park Avenue
Scotch Plains, NJ 07076

ATTACHMENT E: Instructions & Certifying Statement

Applicant Checklist

- [ ] Complete **Attachments A, B, and C**.
- [ ] Complete Section 1 of **Attachment D** and submit to your academic institution for transcript release.
- [ ] Complete **Attachment E** (Certifying Statement).
- [ ] Provide **Attachment F** to teachers, employers, or personal references for letters of recommendation. *(Multiple recommendations are strongly encouraged to demonstrate ability and character).*

Certifying Statement

- In applying for this scholarship, I understand the award is to be applied toward tuition and approved educational costs.
- If granted a scholarship, I intend to enroll or remain enrolled as a full-time student (as defined by my institution) for the terms specified.
- By applying, I authorize NJBOA, Inc. to request and review my academic records.
- I verify that all information submitted in this application packet is true, complete, and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

ATTACHMENT F: Recommendation Form

Instructions for Recommender: Please complete this form and submit it on or before **September 1st**. Teachers, employers, or professional references are preferred. This form may be photocopied for multiple references.

- **Candidate's Name: _____**
- **Recommender's Name: _____**
- **Title / Organization: _____**
- **Address / City / State / Zip: _____**
- **Phone:** (_____) _____ **Email: _____**

1. **In what capacity and for how long have you known the applicant?**
2. **What specific qualities, achievements, or character traits lead you to recommend this candidate for a scholarship?**
3. **Are you aware of any circumstances that might interfere with the applicant's academic success or appropriate use of scholarship funds?**
4. **Additional Comments:** *(Attach additional sheets as needed)*
   Certification: By signing below, I certify that the information provided is accurate and true to the best of my knowledge.

Signature: _____ **Date:** _____

SUBMISSION ADDRESS

Please submit all completed application materials and reference forms to:
NJBOA, Inc.
c/o Bob LaCosta, Treasurer
430 Park Avenue
Scotch Plains, NJ 07076
Email: blacosta@scotchplainsnj.com