

Officers



Niagara Frontier Building Officials Association

Scholarship Reimbursement Program

President

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Interim

Treasurer

Kevin Rank

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Website

www.nfboa.com

Sponsor:

- 1) Active member of NFBOA for a minimum of two (2) years
- 2) Attend a minimum of three (3) association meetings per year as certified by the Secretary

Applicant:

- 1) Self or an immediate family relative (ex: wife, son, daughter) of an active member of the Niagara Frontier Building Officials Association.
- 2) Relative need for a Scholarship Award
- 3) First Time Applicant must submit the following
 - a) Complete Application for 1st year award
 - b) One letter of personal reference
 - c) One letter of business reference
- 4) All annual applicants shall consist of a completed application and a **CERTIFIED COPY OF THE TRANSCRIPT** from the educational institution verifying a grade point average of C or better.

Scholarship Awards:

- 1) Maximum award per year \$1,000.00 - awarded for GPA's A+ to A
- 2) Maximum award per year \$800.00 - awarded for GPA's A- to C
- 3) FULL TIME – 12 Credit hours or more per semester
- 4) PART TIME STUDENTS – Less than 12 Credit hour per semester
- 5) Sessions between semesters shall meet the full or part time criteria

Submittal Dates:

- 1) Sponsor/Applicant shall submit applications to the committee between May 15th and August 15th
- 2) No applications will be reviewed or accepted after the August 15th submittal date – post marked on or before August 15th is acceptable



NFBOA Scholarship Application

Member/ Sponsor Please Print

Name: _____ Years in NFBOA _____

Address: _____ Phone Number () _____

City/ Town: _____ State: _____ Zip Code: _____

E-mail Address _____

Must Attend 3 Meetings Per Year : (Check Meetings Attended in 20_____)

Sep: _____ Nov: _____ Jan: _____ Mar: _____ May: _____ July: _____

Member Signature _____

Student / Applicant

Name: _____ Email: _____

Address: _____ Phone Number () _____

City/Town _____ State: _____ Zip Code: _____

Relationship to sponsor: _____

Institution Attending: _____

Status: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Masters: _____ PhD: _____

Applying for (semester/year) Fall 20 _____ Winter 20 _____ Spring 20 _____ Summer 20 _____

Has provided a **certified copy** of transcripts YES _____ NO _____

I affirm that I have read and understand the conditions under which the scholarship application is accepted and agree to adhere to them. I also understand that the awards are granted based on statements made as part of the application, and state that all are true to the best of my knowledge and belief.

Student/ Applicants Signature: _____ DATE: _____

Committee Use Only

Please send completed application to:
NFBOA
David B Burke Jr.
One Town Place
Clarence, NY 14031

Active member of NFBOA Y: _____ N: _____

Immediate Family member of active member Y: _____ N: _____

Attended min. 3 meetings Y: _____ N: _____

Relative need for scholarship Y: _____ N: _____

GPA minimum of "C" Y: _____ N: _____

Reference Letters: Personal _____ Business _____

Chairperson: _____

Date Accepted: _____

Member : _____

Date Accepted: _____

Member: _____

Date Accepted: _____

Comments: _____

Date Accepted: _____