

**Building Officials Association  
of Georgia Inc.  
“William H. Downs”  
Educational Fund**



Application of

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**Application Deadline: March 15th**

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

Action of the “Downs” Educational Committee  
Application

**Approved**

**Denied**

This grant is awarded for Fiscal Year (October 1 – September 30) ending \_\_\_\_\_.

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice To Applicant:** Please read thoroughly the “A Criteria of Qualifications” and the “Instructions To Applicant” section of this application.

## **Instructions To Applicant**

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each and all information requested.
2. Before filling in the application, draft your answers on an extra application form as your file copy and work sheet. No consideration will be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is none or not apply, it should be so stated. If spaces are inadequate for some answers, use a separate sheet.
4. Answers must be legible.
5. Have mailed directly to the Building Officials Association of Georgia, to be received no later than the March 15<sup>th</sup> deadline, the following:
  - a. The three (3) enclosed forms for recommendation, two (2) of which must be completed by teachers or faculty members;
  - b. An up-to-date copy of your high school or college transcript of academic record; and
  - c. Your ACT or SAT scores.
6. Return to the Building Officials Association of Georgia the completed application with any other required submittal or requested information.

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## **AFFADAVIT**

**I solemnly affirm to the correctness of the information supplied in this application, and that I have thoroughly read and understand the “Criteria of Qualifications” and the “Instructions To Applicant” as transmitted herewith. If grant is provided, I agree and promise to use it for no other purpose than as set forth in the “Criteria of Qualifications.”**

**Applicant’s Signature:** \_\_\_\_\_

# Building Officials Association of Georgia Inc.

“William H. Downs” EDUCATIONAL FUND



## “Education: The Key To The Future” Application Deadline: March 15<sup>th</sup>

Each year the BOAG “Downs” Educational Committee awards on \$2,000 scholarship to an entering freshman or upperclassman student that shows superior academic achievement and exhibits a financial need. The scholarship recipient is selected from applicants that are sons and daughters of active, retired, or deceased building department personnel of a municipal or county government which is an active member of BOAG. The scholarship is given in honor of William H. Downs. All applications must be received by the BOAG “Downs” Educational Committee, along with an up-to-date record and a copy of the applicant’s ACT or SAT scores, prior to March 15<sup>th</sup>. Applications are available by downloading from this website or by contacting your nearest BOAG Officer (ref. home page “Contact Us” for phone or mailing address).

### Criteria of Qualification” of Student Applicants

The Educational Fund Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student considered as the recipient of the grant from the Educational Fund, provided not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicant shall be the son, daughter or grandchild of living, retired or deceased building department personnel of a city or county government, and further, that such city or county shall be an active member of the Building Officials Association of Georgia.
2. The student applicant shall agree that the use of grant funds shall be predicted on his or her enrollment or continuance of education in a recognized and/or accredited school such as college, university, trade school, business college, or as may be acceptable to the Educational Committee. The approved fund should be used for such purposes as tuition fees, books and student school supplies, rather than for room, board, clothes and living expenses, unless otherwise determined by the Committee.
3. The applicant shall show need for financial assistance.
4. The applicant should possess qualities of good character and integrity.
5. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education shall be submitted.
6. The grant of funds may be utilized by a student for continuation to succeeding year or years upon satisfactory academic progress, subject to review by the Committee. The maximum number of years that funds may be granted a student is four (4) years. All students desiring continuation of funding must make application each year.

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

Name in Full: \_\_\_\_\_  
(First) Middle or Maiden (Last)

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_\_, 19\_\_\_\_ [Voluntary]

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Are you married?  Yes  No Number of Children: \_\_\_\_\_

If married, give spouse's name: \_\_\_\_\_

Applicant's present occupation: \_\_\_\_\_

If employed, name of firm: \_\_\_\_\_

Address of firm: \_\_\_\_\_

Name of Father (of male guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Is he employed, retired, or deceased while employed by a municipality, county, or state?  
[yes/no] \_\_\_\_\_

If so, give name of the municipality, county or state where employed: \_\_\_\_\_

Title of position or job: \_\_\_\_\_ For how long? \_\_\_\_\_

If not, give occupation and where employed: \_\_\_\_\_  
\_\_\_\_\_

Name of Mother (or female guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Is she employed, retired, or deceased while employed by a municipality, county, or state?  
[yes/no] \_\_\_\_\_

If so, give name of the municipality, county or state where employed: \_\_\_\_\_

Title of position or job: \_\_\_\_\_ For how long? \_\_\_\_\_  
If not, give occupation and where employed: \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for a grant to enable me to (obtain/continue) my education at: \_\_\_\_\_

Located at \_\_\_\_\_

(College, University, Trade School, etc.)

For session beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_\_

My class standing will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_. The course of study I plan to major in is \_\_\_\_\_

Name of high school, preparatory school, college, etc. you have attended or in which you are now enrolled. \_\_\_\_\_

School	Location	Dates	
		From	To

Please indicate the following:

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

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

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

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

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Building Officials Association of Georgia Inc.



## "William H. Downs" Scholarship Reference Form

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Name

**Note:** The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully and send it to Building Officials Association of Georgia Educational Services at the above address. Comments will be held in strict confidence by the Building Officials Association of Georgia Scholarship Selection Committee.

### Pertaining to Applicant

1. I have known the applicant for \_\_\_\_\_ years.
2. The applicant's general reputation and character are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I believe the applicant's scholastic ability to be  fair,  average,  good,  excellent,  superior
4. I believe the applicant's dedication to study to be  fair,  average,  good,  excellent,  superior
5. I  would,  would not recommend the applicant for a scholarship/grant because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pertaining to Individual Providing Reference

My profession is \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

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

# Building Officials Association of Georgia Inc.



## “William H. Downs” Scholarship Reference Form

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

\_\_\_\_\_ Date

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\_\_\_\_\_

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I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

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

# Building Officials Association of Georgia Inc.



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I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Signature: \_\_\_\_\_



**Building Officials Association  
of Georgia Inc.**

**“Dick Gecoma”  
Educational Fund**



Application of

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**Application Deadline: March 15th**

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

Action of the “Gecoma” Educational Committee Application	
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
This grant is awarded for Fiscal Year (October 1 – September 30) ending _____.	
By: _____	Date: _____

**Notice To Applicant:** Please read thoroughly the “A Criteria of Qualifications” and the “Instructions To Applicant” section of this application.

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  9. Answers must be legible.
  10. Have mailed directly to the Building Officials Association of Georgia, to be received no later than the March 15<sup>th</sup> deadline, the following:
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**Applicant’s Signature:** \_\_\_\_\_

# Building Officials Association of Georgia Inc.

“Dick Gecoma” EDUCATIONAL FUND



## “Education: The Key To The Future” Application Deadline: March 15<sup>th</sup>

Each year the BOAG Educational Committee awards one \$2,000 scholarship to an entering freshman or upperclassman student that shows superior academic achievement and exhibits a financial need. The scholarship recipient is selected from applicants that are sons and daughters of active, retired, or deceased building department personnel of a municipal or county government which is an active member of BOAG. The scholarship is given in honor of Richard Gecoma. All applications must be received by the BOAG “Gecoma” Educational Committee, along with an up-to-date record and a copy of the applicant’s ACT or SAT scores, prior to March 15<sup>th</sup>. Applications are available by downloading from this website or by contacting your nearest BOAG Officer (ref. home page “Contact Us” for phone or mailing address).

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5. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education shall be submitted.
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Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_  
(First) Middle or Maiden (Last)

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_\_, 19\_\_\_\_ [Voluntary]

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Are you married?  Yes  No Number of Children: \_\_\_\_\_

If married, give spouse's name: \_\_\_\_\_

Applicant's present occupation: \_\_\_\_\_

If employed, name of firm: \_\_\_\_\_

Address of firm: \_\_\_\_\_

Name of Father (of male guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Is he employed, retired, or deceased while employed by a municipality, county, or state?  
[yes/no] \_\_\_\_\_

If so, give name of the municipality, county or state where employed: \_\_\_\_\_

Title of position or job: \_\_\_\_\_ For how long? \_\_\_\_\_

If not, give occupation and where employed: \_\_\_\_\_  
\_\_\_\_\_

Name of Mother (or female guardian): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

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If so, give name of the municipality, county or state where employed: \_\_\_\_\_

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I hereby apply for a grant to enable me to (obtain/continue) my education at: \_\_\_\_\_

Located at \_\_\_\_\_

(College, University, Trade School, etc.)

For session beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_

My class standing will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_. The course of study I plan to major in is \_\_\_\_

Name of high school, preparatory school, college, etc. you have attended or in which you are now enrolled. \_\_\_\_\_

School	Location	Dates	
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Please indicate the following:

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

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

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

Additional Information: \_\_\_\_\_

\_\_\_\_\_

# Building Officials Association of Georgia Inc.



## “Dick Gecoma” Scholarship Reference Form

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Name

**Note:** The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully and send it to Building Officials Association of Georgia Educational Services at the above address. Comments will be held in strict confidence by the Building Officials Association of Georgia Scholarship Selection Committee.

### Pertaining to Applicant

1. I have known the applicant for \_\_\_\_\_ years.
2. The applicant's general reputation and character are \_\_\_\_\_  
\_\_\_\_\_  
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3. I believe the applicant's scholastic ability to be  fair,  average,  good,  excellent,  superior
4. I believe the applicant's dedication to study to be  fair,  average,  good,  excellent,  superior
5. I  would,  would not recommend the applicant for a scholarship/grant because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pertaining to Individual Providing Reference

My profession is \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

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

# Building Officials Association of Georgia Inc.



## “Dick Gecoma” Scholarship Reference Form

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
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\_\_\_\_\_ Date

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pertaining to Individual Providing Reference

My profession is \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

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

# Building Officials Association of Georgia Inc.



## “Dick Gecoma” Scholarship Reference Form

Building Officials Association of Georgia  
Scholarship Committee  
P.O. Box 2197  
Kennesaw, Georgia 30156

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### Pertaining to Individual Providing Reference

My profession is \_\_\_\_\_

I am associated with \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Type or Print Name

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

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