



SEMBOA

Southeastern Massachusetts Building Officials Association, Inc

PO Box 521, Wrentham, MA 02093

info@semboa.org

Date Submitted: _____

Request for \$500 Family Member, Student, College Scholarship

Family Members Name:

_____ **First** _____ **Last**

Family Members Address: _____ **Street** _____ **Unit / Apt.**

_____ **Town** _____ **State** _____ **Zip**

Family Members Email: _____ Year of Study: _____

College the Student will be Attending:

_____ **Member in Good Standings Full Name**

_____ **Member in Good Standings Signature****

****By accepting this scholarship, I hereby acknowledge that I may be requested to provide a service at any SEMBOA event (s) that I'm asked to help at, with no questions.**

Town Affiliated with: _____

The following section is for Board of Directors use: **Approved** _____ **Disapproval** _____

BOD Signature _____

Date Approved _____