THE
SCHOLARSHIP FUND

Sponsored by:
North Carolina Building Inspectors’ Association, Inc.

Mail to: NC Department of Insurance
Office of State Fire Marshal
Attn: Carl Martin
1202 Mail Service Center
Raleigh, NC 27699-1202

APPLICATION OF

(Name)

APPLICATION DEADLINE: MARCH 1ST
PLEASE INCLUDE A RECENT PHOTO ALONG WITH YOUR APPLICATION

Action of the Awards Committee
(To be completed by the Awards Committee)

APPLICATION AMOUNT AUTHORIZED

☐ APPROVED ☐ DENIED ______________

☐ KERN E. CHURCH ☐ JESSE F. ALLRED ☐ BARRY N. GUPTON (AS)

☐ J. LEE HAUSER ☐ WILLIAM J. TANGYE ☐ BARRY N. GUPTON (BS)

This Scholarship is awarded for fiscal year ______________

BY: ___________________________ DATE: __________________

NOTICE TO APPLICANT: Please read thoroughly the “Instructions to Applicant” and the “Criteria of Qualifications” sections of this application.

REVISED: 10/14/2019
Date____________________________

Name in full________________________________________

(FIRST) (MIDDLE OR MAIDEN) (LAST)

Home address:________________________________________

NUMBER, STREET OR R.F.D.

(CITY) (STATE) (ZIP)

Date of Birth_________________ Age____

Are you married___________ if so, how long ______________ Number of Children ______

If married, give spouse’s name __________________________________________

Applicant’s present occupation __________________________________________

If employed, name of firm________________________________________________

Address of Firm________________________________________________________

Name of Father (or male guardian) _________________________________________

Home Address __________________________________________________________

(CITY) (STATE) (ZIP)

Is he employed by a municipality, county or state?  Yes _____ No ________

If so, give the name of the municipality, county, or state?  Yes _____ No ________

Title of position or job _____________________________________ For how long ________

If not, give occupation and where employed ____________________________________

Name of Mother (or female guardian) _________________________________________

Home Address __________________________________________________________

(CITY) (STATE) (ZIP)

Is she employed by a municipality, county or state?  Yes _____ No ________

If so, give the 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 classification 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 are now enrolled:

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LOCATION</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO</td>
</tr>
</tbody>
</table>

Please indicate the following

Honors received __________________________________________

Professional Societies _________________________________

Clubs or Fraternities ____________________________

Extracurricular Activities ____________________________

Hobbies ____________________________________________

ADDITIONAL INFORMATION

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
CONFIDENTIAL FINANCIAL STATEMENT

I. Parent’s or Guardian’s Annual Income and Expenses

<table>
<thead>
<tr>
<th>Income</th>
<th>YEAR</th>
<th>Total 20__</th>
<th>Total 20__</th>
<th>Total 20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father or male guardian</td>
<td>Wakes, salaries, tips and other compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or female guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividend</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Social Security, Benefits, Veterans benefits, Welfare, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Add A, B, C, D) ________________________________

Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Medical and Dental not covered by insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Casualty or Theft Losses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>IRS itemized deductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>US Income Tax Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Other Unusual Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Add A, B, C, D and E) ________________________________

If the applicant is not dependent on parents or guardians for financial support (married or independent) then the applicant should provide the same information for him/herself.

II. Parent’s or Guardian’s Assets and Liabilities

| A.     | Home if owned or being purchased | Year Purchased | Purchase price $ | |
|--------|----------------------------------|---------------|-----------------||
|        | Total Estimate of present          | Market Value | Unpaid Mortgage | |
| B.     | Market value of other real estate owned | | | |
| C.     | Investments (stocks, bonds, and other securities) | | | |
| D.     | Cash, savings and checking accounts | | | |
| E.     | List all outstanding debts: | | | |

III. Student Applicant’s Assets and Benefits

| A.     | Assets | | |
|--------|--------| | |
| 1.     | Savings | | | |
| 2.     | Other (endowments, trusts, inheritances, investments, etc.) | | |
| B.     | Other Educational Benefits | | |
| 1.     | Social Security Benefits per month | | | |
| 2.     | Veteran Benefits per month | | |
| 3.     | Other Grants or Scholarships | | |

IV. Student Applicants Estimated Educational Expenses

| A.     | Tuition per month | | |
| B.     | Book and supplies and fees per month | | |
| C.     | Room and board per month | | |

I solemnly affirm to the correctness of the information in this financial statement

Parent/Guardian’s Signature __________________________ Date ____________

Student Applicant’s Signature __________________________ Date ____________
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 question 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. Little consideration will be given to carelessly prepared 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 separate sheet.

4. Answers must be neatly TYPED OR PRINTED by applicant with pen and ink.

5. Place name in proper space on front page of application.

6. Include a complete financial statement of parents or guardians as provided with this application. Also indicate, by title and amount, any other financial assistance that you will be receiving.

7. Have mailed directly to the NC Building Inspectors Association, Inc., three (3) letters of recommendation, two (2) of which must be teachers or faculty members. Letters not needed if previously awarded a scholarship only for first time applicants.

8. Have mailed directly to the NC Building Inspectors Association, Inc. an up-to-date copy of your high school or college transcript of academic record.

9. Return to the NC Building Inspectors Association, Inc., the completed application with any other required submittal or requested information.

10. Have your ACT or SAT score sent directly to the NC Building Inspectors’ Association?

“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 or students considered as recipients of grants from the Educational Fund, provided not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicant shall be sons or daughters of living or deceased building inspector certificate holders or an employee in the office of the holder of the building inspection certificate, who worked or are working for a building inspection department of the City or County or State government, and further, that such City or County or State agency or department shall be an active member of the NC Building Inspectors Association.

2. The student applicants shall agree that the use of grant funds shall be predicated on his or her enrollment or continuance of education in a recognized and/or accredited school such as a college, university, trade school, Business College, or as may be acceptable to the Educational Fund Committee.

3. The applicant’s need for financial assistance.

4. The applicant to possess qualities of good character and integrity.

5. A record of evidence of satisfaction scholastic or school grades, ability, ambition and desire for continuance of education.

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 years. All students desiring continuation of funding must make application each year using this form.

I solemnly affirm to the correctness of the information supplied in this Application, and that I have thoroughly read and understand the “Instructions to Applicant” and the “Criteria of Qualification” 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 Qualification”.

Applicant’s Signature

_______________________________

REVISED: 10/14/2019