

**THE EAST TEXAS CHAPTER – ICC  
SCHOLARSHIP FUND**

**Application of**

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**Application Deadline: May 31**

Please Return to:  
East Texas Chapter - ICC  
Attn: Bill Johnson  
City of Tyler / Development Services  
423 W. Ferguson St  
Tyler, Texas, 75702

**ACTION OF THE EDUCATIONAL FUND COMMITTEE**

**APPLI CATION**

\_\_\_\_ APPROVED \_\_\_\_ DENIED \$ \_\_\_\_\_

THIS GRANT IS AWARDED FOR FISCAL YEAR ENDING (OCTOBER- SEPTEMBER \_\_\_\_)

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE TO APPLICANT:**

Please read thoroughly the "Instructions to Applicant" and the  
"Criteria of Qualifications" section of this application.

**(Revised April 2004)**

### ***Instructions to Applicant***

1. *This application has been prepared to obtain 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. *Every question and statement must be answered and submitted. If answer is "none" or "not apply," please state. If spaces are inadequate for some answers, use a separate sheet of paper.*
3. *Indicate, by title and amount, any financial assistance that you will be receiving.*
4. *Have mailed directly to the East Texas Chapter – ICC, to be received no later than May 31 deadline, the following:*
  - a. *The three enclosed forms for recommendation, two 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.*
  - c. *ACT or SAT scores.*
5. *Return to the East Texas Chapter – ICC, the completed application with any other required submittal or requested information.*
6. *Include a letter stating your intent or desire to have the East Texas Chapter –ICC Scholarship and why. This letter should not exceed two typed pages.*

### **“Criteria of Qualification” of Student Applicant**

The *Officers of the Association* may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of *this scholarship*, provided not in conflict with criteria or guidelines herein stated, and as follows:

1. The student applicants shall be sons or daughters of living or deceased *inspection personnel*, who worked or are working as an inspector for a City, County, or State government agency: and further, that such personnel shall be an active member or Associate Member of the East Texas Chapter – ICC Association.
2. The student applicant shall agree that the use of *scholarship* funds shall be predicated on *his/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 *Board of Officers*. The approved *scholarship* *should* be used for such purposes as tuition, fees, books and school supplies.
3. The applicant *should* possess qualities of good character and integrity.
4. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education *shall be submitted*.
5. 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 “Criteria of Qualification” as transmitted herewith. If grant is provided, I agree and promise to use it for no other purpose than set forth in the “Criteria of Qualification.”

Applicant’s signature \_\_\_\_\_

(Revised April 2004)

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name (First, Middle or Maiden, Last) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (Voluntary) \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married Number of Children \_\_\_\_\_ If Married, Spouse's Name \_\_\_\_\_

Applicant's Present Occupation \_\_\_\_\_

If Employed, Name of Firm \_\_\_\_\_

Address of Firm \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name (or Male Guardian) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is he employed, retired or deceased while employed by a municipality, county or state? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of municipality, county or state employed: \_\_\_\_\_

Title of Position: \_\_\_\_\_ How long? \_\_\_\_\_

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

Mother's Name (or Female Guardian) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is she employed, retired or deceased while employed by a municipality, county or state? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of municipality, county or state employed: \_\_\_\_\_

Title or Position: \_\_\_\_\_ 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 \_\_\_\_\_

for session beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_

My class standing will be \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

