



# NC MECHANICAL INSPECTORS ASSOCIATION SCHOLARSHIP FUND APPLICATION

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

Date \_\_\_\_\_

Application Deadline: Your complete application must be received by **June 1<sup>st</sup>**

Email: kathryn.whalen@ncdoi.gov

*\* Incomplete applications, (including required reference letters), will not be considered for scholarship awards when received after the due date.*

## ACTIONS OF THE AWARDS COMMITTEE

*(To be completed by the Awards Committee)*

Application for the following Scholarship:

**Grover Sawyer**

**Lee Hauser**

**Charles Taylor**

**Approved**

**Amount** \_\_\_\_\_

**Denied**

**NOTICE TO APPLICANT: Please read thoroughly the "Instructions to Applicant" and the "Criteria of Qualifications" section of this application.**

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

Home Address \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

If employed, name of employer \_\_\_\_\_

Address of employment \_\_\_\_\_

Parent or Guardian Information:

Name of Parent (Guardian) who holds a mechanical inspection certificate: \_\_\_\_\_

Work Phone Number \_\_\_\_\_ e-mail address: \_\_\_\_\_

CEO ID#: \_\_\_\_\_ How many years of active? \_\_\_\_\_

Home Address \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Name of Municipality or County employed or State employee? \_\_\_\_\_

Is the Municipality, County, or State current in payment of Association dues? Yes  No   
(Check with parent or guardian – applicants from jurisdictions not in good standing will not be considered)

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

Name of Spouse (or Additional Guardian) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Is this person 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 place of employment \_\_\_\_\_

I hereby apply for a NCMIA scholarship to enable me to BEGIN or CONTINUE my education at  
(circle one)

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

My intended major is \_\_\_\_\_

Name of high school, preparatory school, college, etc., you have attended or are currently enrolled in:

SCHOOL	LOCATION	DATE FROM	DATE TO

Please indicate the following:

GPA: \_\_\_\_\_

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

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

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

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

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Financial Statement

Please indicate the following financials:

What scholarships are you applying for this year other than NCMIA scholarships? \_\_\_\_\_

Scholarships or Grants already awarded? \_\_\_\_\_

What scholarships and how much were you awarded last year? \_\_\_\_\_

Parent's or Guardian's total annual income: \$ \_\_\_\_\_

Have you submitted your FAFSA:    Yes     No

How many additional immediate family members do your parents have in college currently? \_\_\_\_\_

Estimated educational expenses, including tuition, room & board, books & supplies: \$ \_\_\_\_\_

Please choose all applicable financing methods you are using to pursue your education:

- |  |  |
|--|--|
| <input type="checkbox"/> College Work Study            | <input type="checkbox"/> Family Assistance                     |
| <input type="checkbox"/> Full-time Employment          | <input type="checkbox"/> Part-time Employment                  |
| <input type="checkbox"/> Loans                         | <input type="checkbox"/> Grants – how much awarded: _____      |
| <input type="checkbox"/> Personal Savings              | <input type="checkbox"/> Scholarship – how much awarded: _____ |
| <input type="checkbox"/> Social Security Benefits      | <input type="checkbox"/> Veteran Benefits                      |
| <input type="checkbox"/> Inheritance                   | <input type="checkbox"/> Investments                           |
| <input type="checkbox"/> other – please explain: _____ |  |

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 worksheet. 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 your answer is “none” or “does not apply”, it should be so stated. If spaces are inadequate for some answers, use a separate sheet of paper.
4. Answers must be neatly TYPED or PRINTED by applicant in ink.
5. Place name in proper space on front page of application.
6. Complete the financial statement with 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 three (3) letters of recommendation, two (2) of which must be from teachers or faculty members, emailed directly to the NCMIA at the address on this application.
8. Provide an up-to-date copy of your high school or college transcript of academic record and send it with your application packet to the NCMIA. The transcript shall be current.
9. Return the completed application with any other required submittal or requested information to the NCMIA via email.
10. Prospective freshmen: If taken, provide a copy of your ACT or SAT results in your application packet to the NCMIA.
11. E-mail a digital picture that is suitable for an award ceremony to Kate Whalen at [kathryn.whalen@ncdoi.gov](mailto:kathryn.whalen@ncdoi.gov).
12. All requested information is required for consideration of applicant. You may verify with Kate Whalen at 919-647-0033 that your file for your application is complete prior to the application deadline. Incomplete applications will not be considered. Any questions concerning this scholarship may be directed to Kate Whalen [kathryn.whalen@ncdoi.gov](mailto:kathryn.whalen@ncdoi.gov)

## CRITERIA OF QUALIFICATION OF STUDENT APPLICANTS

The NC Mechanical Inspectors Association Scholarship Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of scholarships from the Educational Fund, provided it is 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 mechanical inspector certificate holders or an employee in the office of the holder of the mechanical 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. **In order to be eligible for a scholarship, the jurisdiction must be in good standing in payment of Association dues.**
2. The student applicant shall agree that the use of scholarship 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 NCMIA Scholarship Committee.
3. The applicant's need for financial assistance.
4. The applicant shall possess qualities of good character and integrity.
5. The applicant shall provide a record or evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education.
6. The scholarship funds may be utilized by a student for continuance of succeeding year or years upon satisfactory academic progress, subject to review by the NCMIA Scholarship Committee. The maximum number of years that funds may be granted a student is four (4) years. All students desiring continuation of funding must apply each year by submitting this application form. Recommendation letters are not required for previous recipients. Please provide the application, including financial information and a transcript.

I solemnly affirm to the correctness of the information supplied in this application and have thoroughly read and understand the "Instructions to Applicant" and the "Criteria of Qualification" sections as transmitted herewith. If a scholarship is provided, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualification" section above.

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Applicant's Signature

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Date