



APPLICATION FOR 2018 IABO SCHOLARSHIP FUNDS

NAME OF APPLICANT: _____

JOB TITLE: _____

PRIMARY JOB DUTIES: _____

(Please identify primary job duties or attach job description)

NAME OF DEPARTMENT: _____

NAME OF JURISDICTION: _____

NAME OF SUPERVISOR: _____

JOB TITLE OF SUPERVISOR: _____

MAILING ADDRESS OF JURISDICTION: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

IABO Membership Yes. _____ No. _____

ARE YOU AN ICC VOTING MEMBER? Yes _____ No _____

NAME OF YOUR ICC CHAPTER: _____

ICC CHAPTER PRESIDENT/TREASURER: _____

MAILING ADDRESS OF CHAPTER: _____

PLEASE INDICATE WHERE TO SEND REIMBURSEMENT: (Reimbursement must be made to a jurisdiction or chapter in accordance with ICC council policy CP 36)

- JURISDICTION
- CHAPTER

IABO INTERNATIONAL ASSOCIATION OF BUILDING OFFICIALS,

INC.

P.O BOX 27167, SHAWNEE MISSION, KANSAS 66225-7167-WWW.IABOINC.ORG

DATES ATTENDING CODE DEVELOPMENT HEARINGS: _____

ESTIMATED TOTAL EXPENSES TO ATTEND HEARINGS: \$ _____

By signing this form the applicant attests that all information provided is true and accurate. The International Association of Building Officials (IABO) reserves the right to review and verify all information provided. Further, if any information provided is found to be inaccurate or false, reimbursement of expenses could be denied.

Please submit application to the International Association of Building Officials, P.O. Box 27167, Shawnee Mission, KS. 66225-7167.

Signature of Applicant