



# Sacramento Valley Association of Building Officials

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## 2025 SVABO Jack Atkins Memorial Scholarship Notice of Availability

**Deadline: May 31, 2025**

Applications are being accepted for the 2025 SVABO Jack Atkins Memorial Scholarship, established in the memory of John "Jack" Atkins, a long-time member, and past President of the Sacramento Valley Association of Building Officials (SVABO). Jack was a firm believer in the value of education for everyone, and that learning should have no limits. In this spirit, SVABO is offering a scholarship for education pursuits to members of SVABO and their immediate family members.

### **Rules and Conditions of Scholarship Award:**

Eligibility for a SVABO Jack Atkins Memorial Scholarship is limited to members of SVABO and immediate family member of a SVABO member, or a letter of sponsorship may be submitted on behalf of the applicant by a current SVABO member. Immediate family is defined as the member's husband, wife, or children under the age of 30.

The scholarship must be for attendance at a college, trade school, or other institution of learning with an academic course, certification program, trade or technical course, or other education program.

Jack Atkins Memorial Scholarship award will not exceed \$2,500 to any one individual in any single year.

An individual awarded a scholarship must agree to the use of his/her name and some of the general information regarding his/her educational goals as stated in the required application for purposes of announcing the award and promotion of the SVABO Jack Atkins Memorial Scholarship.

All awards are made at the sole discretion of the SVABO Scholarship Committee. Award information will not be given over the telephone.

### **How to Apply:**

Applications are available at the SVABO website ([www.svabo.org](http://www.svabo.org)) or by emailing at [info@svabo.org](mailto:info@svabo.org).

Applications must be received by the SVABO Scholarship Committee **on or after April 1, 2025 but not later than May 31, 2025**. Applications postmarked after May 31, 2025, will not be considered. Applications must be filled out completely and typed or neatly printed with the required attachments. Please email digital applications to [info@svabo.org](mailto:info@svabo.org).



# 2025 SVABO Jack Atkins Memorial Scholarship Application Form

## PERSONAL INFORMATION

1. Name of Applicant: \_\_\_\_\_
- Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. SVABO Membership:  Member  Immediate Family Member  Letter of Sponsorship
- Relationship to Applicant: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_
- Employer of Immediate Family Member: \_\_\_\_\_
- Company / Jurisdiction: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
- Years with Company / Jurisdiction: \_\_\_\_\_ Years in Building Industry: \_\_\_\_\_

## PROGRAM INFORMATION

3. Type of Educational Enrollment:  Trade School  Certification Course  
 College  Post-Graduate  
 Other:
4. Name of Course / Program of funds are to be applied to: \_\_\_\_\_
- Cost of Course / Program: \_\_\_\_\_ Have you been accepted?  Yes  No
5. Name of Institution / Organization providing course: \_\_\_\_\_
- Date Course / Program Begins: \_\_\_\_\_
- Telephone of Institution's Financial Aid Office: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# 2025 SVABO Jack Atkins Memorial Scholarship Application Form

## REQUIRED DOCUMENTS

The following documentation must accompany the application and be organized as outlined below.

1. Confirmation of the course registration information for the educational institution.
2. Information brochure and/or documentation detailing the course of study.
3. Dates and location of the course.
4. Total cost of the course or program.
5. Please attach a letter addressed to the SVABO Scholarship Committee (500 words or less), written and signed by you, that tells why you want to take the identified course or program, and how you think it will help you **grow in your personal or professional life, and benefit the community**.
6. Please attach a letter addressed to the SVABO Scholarship Committee from a family member, colleague, supervisor, or other person who will express their observations of your personal or professional growth and how the identified program or course of study will help you **grow and benefit the community**. The writer must sign the letter.

## Certification:

*I certify that the information provided in the application is true and accurate. I understand the information provided becomes the property of the SVABO Scholarship Committee, and awards are granted at the sole discretion of the SVABO Scholarship Committee. In the event an award is made to me, I understand my name and some of the information provided regarding my educational goals maybe used for promotional purposes.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not a member of SVABO, the sponsor who is a member must also sign this certification.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please email [info@svabo.org](mailto:info@svabo.org).