



**2017  
IAABO FOUNDATION COMMITTEE  
SCHOLARSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Board No.:** \_\_\_\_\_

**IAABO Member Since** \_\_\_\_\_ **(Year)**

**Number of Years of Officiating:** \_\_\_\_\_ **Varsity** \_\_\_\_\_ **Sub-Varsity**

**Name of IAABO School attending:**  
**(Please fax or email copy of registration form)**

**Is this your first time attending an IAABO Officials' School: Yes or No**

**Have you attended other IAABO Schools or non-IAABO Schools in the past? If so, please indicate below:**

**Please explain how your attendance at this school will enhance your officiating goals.**

**Does your local board reimburse members for school attendance? If yes, how much?**

**Please have your Board Secretary fax a letter of support for your application along with your application to Bill Varno, Foundation Trustee, at (717) 718 - 6164 or mail it to IAABO Foundation, c/o Bill Varno, 23 Rosa Road, Schenectady, NY 12308.**