



## AMERICAN ASSOCIATION OF CODE ENFORCEMENT

# Don Vegge Memorial Scholarship

### OVERVIEW

Don's life was one of fulfillment and he lived deeply.

Don graduated from Billings West High (Montana) in 1964. His high school years were occupied by sports and music. He played the double French horn in the school band. He was also a member of the Billings Symphony. Don taught himself to play a carpenter's saw with a viola bow. He shared his extraordinary gift of music at nursing homes, funerals, church and other functions.

Don served in the Air Force from 1966-1970. He was stationed at several locations including New Jersey, Washington DC, and Alaska (which was a perfect fit for him as it provided many opportunities to hunt and fish!).

Upon returning to Billings following his military service, Don joined the Billings Police Department. From 1973 - 1997 Don seized every available opportunity in the department and served as a motorcycle officer, bicycle officer, school resource officer, and SWAT officer. Don was instrumental in getting the Police Chaplaincy program started in 1978. Don developed a passion for photography as a result of taking a crime scene photography class.



After retiring from the police department, Don continued to serve the community by working as a Code Enforcement Officer for 13 years. Don was known to give graciously, not only to his family and friends, but also to others. As a Code Enforcement Officer he often helped people who were unable to take care of their code violations. In all of his years with the City of Billings, Don worked hard to make the community a better place to live and to raise families.

### ELIGIBILITY

Applicants shall be an Active Member or Governmental Member of the American Association of Code Enforcement (AACE). Membership shall be in good standing and membership dues shall be paid in full. Associate Members, Retired Members, Honorary Members, and/or Terminated Members of AACE shall not be eligible. Scholarships will be awarded on a first come first served basis. Budgetary allotments are finite and scholarship applications cannot be considered when allocated funds have been exhausted. The Scholarship may be terminated by the AACE Board of Directors at any time without advanced notice.

## **CRITERIA FOR SELECTION**

Applications must be submitted electronically. Paper applications will not be accepted. Applications will be reviewed and approved by the AACE Scholarship Committee. Applications will be reviewed to confirm eligibility and to verify that all required information has been furnished. The goal of the AACE Scholarship Committee is to award scholarships to a balanced slate of recipients representing a mix of qualified new and veteran participants from a wide range of states and territories. Recipients acknowledge their scholarship award is based on information that is subject to verification and audit for accuracy and compliance. Recipients also acknowledge their scholarship award will be rescinded, expenses disqualified, and/or reimbursements required in the event any material aspect of the application is deemed inaccurate or untruthful. Scholarship applications seeking reimbursement for conference registration expenses must include written confirmation from a direct supervisor or manager authorizing conference attendance. Scholarship applications without the direct supervisor or manager approval will not be considered. Recipients understand that proof of employment may be required. Attendance and participation will be verified.

## **ELIGIBLE EXPENSES**

Expenses eligible for reimbursement as part of the *Don Vegge Memorial Scholarship* award include:

- AACE Annual Conference registration expenses
- exam expenses
- exam reference material expenses
- study guide expenses

\* Recipients are required to verify eligibility of specific expenses with the AACE Scholarship Committee prior to incurring expenses. Failure to do so may result in reimbursement disqualification. Recipients are required to submit receipts confirming all eligible expenses prior to any reimbursement being made.

## **INELIGIBLE EXPENSES**

Recipients will be required to secure additional support and/or self-pay for ineligible expenses. Expenses ineligible for reimbursement as part of the *Don Vegge Memorial Scholarship* award include but may not be limited to:

- travel expenses (airfare, train, car rental, fuel, etc...)
- lodging expenses
- ground transportation expenses (shuttle, ride share, bus, mass transit, etc...)
- parking expenses
- meal and/or per diem expenses
- personal errand and/or entertainment expenses
- re-testing expenses
- falsified expenses
- similar expenses

## **APPLICATION SUBMITTAL**

Please forward completed scholarship applications electronically to the AACE Scholarship Selection Committee at [admin@aace1.org](mailto:admin@aace1.org). Paper submissions will not be accepted. Please contact the AACE Scholarship Selection Committee at [admin@aace1.org](mailto:admin@aace1.org) with any questions or if additional information is needed.

**DON VEGGE MEMORIAL SCHOLARSHIP APPLICATION**

Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Number \_\_\_\_\_ Email \_\_\_\_\_  
Population of Jurisdiction \_\_\_\_\_ Jurisdiction Square Miles \_\_\_\_\_  
Years in Profession \_\_\_\_\_  
Certificate(s) Held \_\_\_\_\_  
Professional Award(s) \_\_\_\_\_  
AACEMember# \_\_\_\_\_

Are you the previous recipient of an AACE Scholarship and/or reimbursement?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Type of reimbursement being requested:  Conference Registration Expense Reimbursement  
 Exam Fee Reimbursement  
 Exam Reference Material Reimbursement  
 Other

Describe reimbursement request in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate hours and type of community service donated in the previous twelve months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required attachments:  Cover sheet with applicant background information and nature of reimbursement  
 Minimum of three (3) professional references  
 Supervisor or manager authorization (required for conference reimbursement)

Please forward the completed scholarship application form with a minimum of three (3) references to the AACE Scholarship Selection Committee at [admin@aace1.org](mailto:admin@aace1.org). Paper submissions will not be accepted. Please contact the AACE Scholarship Selection Committee at [admin@aace1.org](mailto:admin@aace1.org) with any questions or if additional information is needed.



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**Don Vegge Memorial Scholarship**

**Scholarship Reference Form**

American Association of Code Enforcement  
Scholarship Selection Committee  
admin@aace1.org

Date \_\_\_\_\_

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

**Note:** The scholarship applicant will forward this form to each person providing a professional reference. Individuals providing a reference should complete this form and return it to the scholarship applicant. The scholarship applicant will submit a completed application including a minimum of three (3) professional references to AAACE at the above address. Comments will be held in strict confidence by the AAACE Scholarship Selection Committee.

1. I have known the applicant for \_\_\_\_\_ years.

2. The applicant's general reputation and character are:

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

3. I believe the applicant's scholastic ability to be:      fair    average    good    excellent    superior

4. I believe the applicant's dedication to study to be:    fair    average    good    excellent    superior

5. I *would*    *would not* recommend the applicant for a scholarship/grant because:

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

Pertaining to Individual Providing the Reference

Name \_\_\_\_\_

My profession is \_\_\_\_\_

My association with the applicant is \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_



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

3. I believe the applicant's scholastic ability to be:      fair      average      good      excellent      superior

4. I believe the applicant's dedication to study to be:      fair      average      good      excellent      superior

5. I *would*    *would not* recommend the applicant for a scholarship/grant because:

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

Pertaining to Individual Providing the Reference

Name \_\_\_\_\_

My profession is \_\_\_\_\_

My association with the applicant is \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_



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5. I *would*    *would not* recommend the applicant for a scholarship/grant because:

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

Pertaining to Individual Providing the Reference:

Name \_\_\_\_\_

My profession is \_\_\_\_\_

My association with the applicant is \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_