



# Sacramento Valley Association of Building Officials

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## 2020 SVABO Bob Stoddard Memorial Scholarship Notice of Availability

Applications are being accepted for the Bob Stoddard Memorial Scholarship, established in the memory of Bob Stoddard, a long-time member of the Sacramento Valley Association of Building Officials (SVABO). Bob was devoted to the ideals of quality codes and uniform enforcement and was a supporter of educational programs for persons pursuing a career in building code enforcement. In this spirit, SVABO is offering scholarships to persons enrolled or enrolling in a Building Inspection Technology (BIT) program.

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

Eligibility for a SVABO Bob Stoddard Memorial Scholarship is limited to persons enrolled or enrolling in a recognized Building Inspection Technology (BIT) program within the SVABO service area. Applicants must be members of SVABO, an 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.

The scholarship must be for attendance at a college, trade school, or other institution of learning with a Building Inspection Technology (BIT) program.

Bob Stoddard Memorial Scholarship awards will not exceed \$1,000 to any one individual in any single year. In the event of multiple applicants being chosen, the award will be divided fairly between the awardees, at the discretion of the SVABO Scholarship Committee.

Persons awarded a scholarship must agree to the use of their name and some of the general information regarding their educational goals as stated in the required application for purposes of announcing the award and promotion of the SVABO Bob Stoddard 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 calling SVABO at (916) 451-9093

Applications must be received by the SVABO Scholarship Committee **on or after August 1, 2020, but not later than September 30, 2020**. Applications postmarked after September 30, 2020 will not be considered. Applications must be filled out completely and typed or neatly printed with the required attachments.

Email digital applications to [kristina@svabo.org](mailto:kristina@svabo.org)

*Uniform Code - Uniform Enforcement*

700 R Street, Suite 200, Sacramento, California 95811  
(916) 451-9093 [www.svabo.org](http://www.svabo.org)



# 2020 SVABO Bob Stoddard Memorial Scholarship Application Form

## **Personal Data:**

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: \_\_\_\_\_

Years with Company / Jurisdiction: \_\_\_\_\_

Years in Building Industry: \_\_\_\_\_

## **Program Information:**

3. Type of Educational Institution:      | Trade School |      | Certification Course  
    | College                 | Other: \_\_\_\_\_

4. Name of Institution providing BIT Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Have you been accepted?     Yes     No

5. Units required to earn BIT degree/certification \_\_\_\_\_

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## 2020 SVABO Bob Stoddard 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, email [kristina@svabo.org](mailto:kristina@svabo.org)