

Tampa Bay Association of Code Enforcement

Class Scholarship Application

Name: _____ FACE Member # _____

Jurisdiction: _____

Address: _____

City / State / Zip: _____

Telephone: _____

E-mail Address: _____

Criteria:

- ❖ Applicant must be a paid and active member of FACE and TBACE, and have attended at LEAST 2 TBACE meetings in **the last 12 months**.

Circle which months meetings were attended:

February April June August October December

- ❖ Provide a brief written statement stating why the applicant would like to be considered for a TBACE scholarship. Also a brief statement from your manager stating that time off would be approved to take the class if a scholarship was awarded.

- ❖ What FACE level(s) are needed: _____

** Written statements must be submitted with application

Signature _____ Date _____

Return completed applications to:

TBACE President Mark Runnals

Fax: (941) 932-9334

Email: mark.runnals@cityofbradenton.com