



Metro West Building Officials Association
P.O. Box 1373
Westborough, MA 01581



MWBOA Application for Educational Stipend

Name: _____ Contact No. _____ MWBOA ID #: _____

Municipality: _____ Title: _____ State Certificate #: _____

Training Description: _____

Training Presented By: _____ Location: _____ Date of Training: _____ to _____

Training Costs (check what applies and fill in cost)

____ Transportation \$ _____

____ Room \$ _____

____ Meals \$ _____

____ Registration \$ _____

____ Other \$ _____ Explain other: _____

Total Cost of Training \$ _____

Municipality Reimbursement \$ _____ This is what your municipality will pay towards the training.

Amount requested from MWBOA \$ _____

Reimbursement is contingent upon insufficient municipal resources to attend educational training.

Signature of Applicant _____

Date _____

Do not write below this line MWBOA use only

Date of Board Vote: _____

Board Vote: Approved ____ Not Approved ____ To issue reimbursement, the list below must be verified and signed by the President.

- ____ Training Eligible
- ____ Member in Good Standing
- ____ Applicant Eligible
- ____ Verbal Narrative within 90 Days

Notes: _____

President's Signature: _____ Date: _____