

APPLICATION FOR 2026 ASHRAE SCHOLARSHIP

Please submit completed form by January 1st, 2026

PERSONAL DATA (Please type or print in ink)				
Last Name, First, MI	Preferred Telephone No.		E-mail	
Home Address	City	State	Zip Code	
Campus Address	City	State	Zip Code	
EDUCATION				
High School	Location	Year H.	S. Graduation or GED	
College or University (Now Attending or Accepted to)		Major P	rogram of Study	
Cumulative Grade Point Average (indicate base 4.0 or 5.0)	No. Terms to Complete Degree	Anticipated Month & Year of Graduation		
(i.e. installing, designing, testing, servicing, repairi	3, 3, 7, (,	
HVAC&R INVOLVEMENT				
To what extent have you participated in HVAC&R needed)	activities to advance your above stated "go	oals"? (Attach add	ditional pages if	

Have you contacted the Student Activities Chair your home or school to learn more about ASHR.			
YES			
Chapter Contact Name	Ph	one & E-Mail:	
NO			
If no, why not?			
REFERENCES (Please list three reference	es - A personalized signed lette	er of recommendation	
Professors or Faculty Advisor	Address		Telephone No.
2. Current or Former Employer	Address		Telephone No.
3. Other (excluding family member)		Address	Telephone No.
SCHOOL & COMMUNITY SERVICE	CEACTIVITIES		
List below memberships in professional or hono (NOTE: Do not include any affiliation with ASHR status.)			
Society/Organization		Office	
1.			
2.			
3.			

ASHRAE CHAPTER CONTACT:

PROFESSIONAL DATA (Supply a brief resume of your work experience in chronological order.)				
Job Title	Duties	Length of Employment		
Refrigerating and Air-Con review my academic reco ASHRAE harmless from a		s sustained by me in connection with this		
Date	Signature of A	Applicant		
	Signature of F	Parent or Guardian (if applicant is under 18)		

ASHRAE - Mississippi Valley Chapter