



APPLICATION FOR 2025 ASHRAE SCHOLARSHIP

Please submit completed form by December 1st, 2024

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 Program of Study	
Cumulative Grade Point Average <i>(indicate base 4.0 or 5.0)</i>	No. Terms to Complete Degree	Anticipated Month & Year of Graduation

PROFESSIONAL GOALS

What is your particular interest in the field covered by ASHRAE? Do you have a special interest in HVAC&R equipment or systems (i.e. installing, designing, testing, servicing, repairing, troubleshooting, teaching, etc)? (Attach additional pages if needed)

HVAC&R INVOLVEMENT

To what extent have you participated in HVAC&R activities to advance your above stated "goals"? (Attach additional pages if needed)

ASHRAE CHAPTER CONTACT:

Have you contacted the Student Activities Chair or an officer at the Mississippi Valley Chapter #123 or ASHRAE chapter nearest your home or school to learn more about ASHRAE & how we can help you achieve your career goals?

YES _____

Chapter Contact Name _____ Phone & E-Mail: _____

NO _____

If no, why not? _____

REFERENCES *(Please list three references - A personalized signed letter of recommendation is required from each)*

1. 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 ACTIVITIES

List below memberships in professional or honorary societies/organization, including office(s) held, if any
(NOTE: Do not include any affiliation with ASHRAE. Inclusion of this information could jeopardize ASHRAE's 501 (C)(3) tax exempt status.)

Society/Organization _____ **Office** _____

1. _____

2. _____

3. _____

4. _____

PROFESSIONAL DATA *(Supply a brief resume of your work experience in chronological order.)*

Job Title	Duties	Length of Employment

I believe all of the above information to be true and complete and I hereby apply to the American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. for an ASHRAE Scholarship. I authorize ASHRAE to obtain and review my academic records (including but not limited to official transcripts). In signing below, I agree to hold ASHRAE harmless from any and all liability for damage, injury or loss sustained by me in connection with this application, including but not limited to, the acquisition by ASHRAE of my academic records.

Date

Signature of Applicant

Signature of Parent or Guardian (if applicant is under 18)

ASHRAE - Mississippi Valley Chapter