



Application Form

Please type or print clearly

A. Personal Information

Candidate Name _____

Home Address _____

Phone _____ Email _____

Social Security or Student Visa Number _____

Student ID Number (if available) _____

Date of Birth _____

B. Educational Background

High School:
Name _____

Address _____

Dates Attended _____ GPA _____

Credential Earned _____

Any Additional Education Credentials _____

C. Other:

Name _____

Address _____

Dates Attended _____ GPA _____

Credential Earned _____

D. Employment History

From-To Dates _____

Position _____

Name /Address of Employer _____

Supervisor
Name/Phone _____

From-To Dates _____

Position _____

Name /Address of Employer _____

Supervisor
Name/Phone _____

E. Your Educational Plans

HVACR Program You would like to attend:

Name _____

Address _____

Phone _____

HVACR Instructor/Department Head _____

Have you applied? Yes / No

What other scholarships and/or grants with amounts have you received this year? _____

Have you been accepted? Yes / No

Is this Program accredited through the Partnership for A/C, Heating, Refrigeration Accreditation? (PAHRA) Yes / No

Have you taken any of the three Industry Competency Exams? (ICE) Yes / No

If yes, which ones and what were your scores?

___ Residential A/C and Heating Score _____

___ Light Commercial A/C and Heating Score _____

___ Commercial Refrigeration Score _____

What is the total cost of your education for the next year? (Please include books, fees and tuition) _____

F. Additional Information

Please let us know if there are any other aspects you would like us to consider, such as yearly medical cost, transportation issues, special needs, etc.

I believe all of the above information to be true and complete and I hereby apply to the CLIFFORD H. "TED" REES, JR., Scholarship Foundation for a scholarship. I authorize the Foundation to obtain and review my academic records, including but not limited to official transcripts. I understand that any misrepresentation of information contained in this application may revoke any rights to an award. In signing below, I agree to hold the Foundation harmless for 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 the Foundation of my academic records.

Applicant Signature _____ Date _____

I have submitted the following along with this application:

___ Completed Application (Sections A-F)

___ Two Letters of Recommendation

___ 150-200 word typed essay on why this scholarship should be awarded to you

___ Transcripts

___ Copy of Alien Registration Card, if applicable

Complete and mail this application and supporting documents to:

Clifford H. "Ted" Rees, Jr. Scholarship Foundation

2111 Wilson Boulevard, Suite 500

Arlington, VA 22201

Phone: 703-524-8800

Fax: 703-562-1942

ATTN: Warren Lupson, ARI director of Education

e-mail: wlupson@ahrinet.org