

# **ORVIL L. DAVIE MEMORIAL FUND GUIDELINES**

#### Purpose

The purpose of the fund is to assist students in completing their education for a career in the heating, ventilation, air conditioning and refrigerating industry (HVACR) and to assist in maintaining a higher caliber of HVACR industry personnel.

The fund provides bursaries to persons who require financial assistance in completing training in an accepted course directly related to the HVACR industry. Applicants for the bursaries may come from the community or vocational college systems, or through industry sources such as the provincial apprenticeship programmes.

## **Eligibility Requirements**

Applicants must be seeking assistance to complete training in an accepted course directly related to the HVACR industry.

Consideration will be given to applicants in financial need based on the assessment of the student awards officer or equivalent. As our funds are limited, priority will be given to those already enrolled in a programme but their financial circumstances may force them to drop out short of completion. Applicants should be willing to allow HRAI the privilege of being informed regarding their successful completion of the course.

#### **Acceptable Programmes**

The assistance is intended for students in courses directly related to the HVACR industry. These subjects must constitute the principle focus of the programme, such as sheet metal, refrigeration technology, gas fitter, mechanical engineering, etc. Programmes which only touch on these technologies (such as power engineering) are marginal to the industry and are not acceptable.

## To Apply

Applications must be submitted by the student awards officer or equivalent of a recognized educational institution. An outline of the educational programme must be submitted with the application. Information on the costs involved must also accompany the required application form. Copies of the application form are available from the educational institution's student awards/bursary officer.

A letter from the recipient must also accompany the application which should outline the interest and reasons for seeking a career in the HVACR industry.

#### **Application Deadlines and Amount of Award**

Applications are reviewed twice a year. The current value of each bursary is \$1000. A response can be expected within six weeks of the deadline.

Bursaries will be awarded by the Orvil Davie Fund Committee only when suitable candidates are determined and funds are available.



## **ORVIL L. DAVIE MEMORIAL FUND**

### To Be Completed By Student Awards Officer

## **BURSARY APPLICATION FORM (page 1 of 2)**

This form must be completed and returned by a student awards officer or equivalent of the educational institution or organization offering the course. A letter from the student as described in the attached *Guidelines* should also accompany this application.

#### APPLICANT

Name:	Phor	e Number:	
Address:	City:	Postal Code:	
EMPLOYER (if applicable)			
Name:	Phone Number:		
Address:	City:	Postal Code:	
EDUCATIONAL INSTITUTION OR ORGANI	ZATION		
Name:	Phone Number:		
Address:	City:	Postal Code:	
PROGRAMME NAME (please attach course	description)		
Does this program earn some form of No Yes please speci			
How many terms is the program?	How many terms is the program? How many weeks is the program?		
When will the student complete the p	rogram?		
Comments <b>TO BE COMPLETED BY INSTRU</b> determination to succeed? Use reverse side,		how has this student demonstrated	

TO BE COMLETED BY AWARDS OFFICER: I hereby state that the bursary candidate above is registered in the program indicated, meets the guidelines and is in need of financial assistance to complete the program. Please have the student fill out the Statement of Expenses and Resources on the <u>next page</u>.

Name:	Signature:
Title:	Phone:
Date:	

## **ORVIL L. DAVIE MEMORIAL FUND**

### **Bursary Application Form (page 2 of 2)** STUDENT EXPENSES AND RESOURCES

#### To be completed by Student (Please include letter)

# A **EXPENSES** (for school year/term)

Tuition and incidental fees Books & supplies Rent Utilities Phone Food	\$ X months  =     \$ X months  =
Personal Medical/Dental Clothing	\$Xmonths =
Transportation Other (please specify)	\$ Xmonths = TOTAL =
INCOME/RESOURCES	
Parent/Spouse contribution Awards/Bursaries/Scholarships Part-time Work (net)	\$ Xmonths =
Government Income (specify type)	
Provincial SAP Assistance	Provincial Study Grant Canada Student Loan Provincial Student Loan
Other Income (please specify)	
	TOTAL INCOME

I hereby certify that the information on this application is true and complete.

В

Student signature \_\_\_\_\_ Date \_\_\_\_\_