



## ORVIL L. DAVIE MEMORIAL FUND Bursary Guidelines

### Purpose of Bursary

The Orvil L. Davie Memorial Fund helps students in need of financial support to complete post-secondary education that leads to careers in the heating, ventilation, and refrigeration and air conditioning (HVACR) industry.

### Applicant Eligibility Requirements

To be considered, applicants must:

- Be **currently registered** in an eligible post-secondary HVACR or related program.
- **Still be enrolled** after the submission deadline.
- Demonstrate a **financial need**.
- **Consent** to HRAI being informed of their successful program completion.
- **Complete all sections** of the application.
- Submit application **by the deadline**.

### Trade Program Eligibility Requirements

Programs must have HVACR as their **principal focus**. Examples include:

- Publicly funded or private career colleges
- Industry training, including provincial apprenticeship programs.
- Sheet Metal
- Refrigeration & Air Conditioning Technology
- Gas Fitting
- Mechanical Engineering (HVAC-focused)

Programs that only touch on technologies such as Power Engineering for example are not eligible.

### Submission Deadlines

- Round 1 - **March 15**
- Round 2 - **November 30**

### Award Selection

A **maximum** of three \$1,000 awards is given per round. Bursaries are awarded by a committee of fund trustees based on:

- Applicant eligibility
- Financial need, and
- Quality of application

Awards are made only if suitable candidates are identified, and funds permit.

### Notifications

Award notifications will be made within **eight to ten weeks** of the application deadline.

### How To Apply

**No previous versions (before January 2026) of this application may be used and will not be accepted.**

1. Review the Eligibility Requirements.
2. **Electronic Submission:** Complete all sections of the application (instructor completes the Instructor Declaration).
  - i. Email to [aferguson@hrai.ca](mailto:aferguson@hrai.ca)  
Subject line – Bursary Submission, or
  - ii. Print and complete manually, scan and email
3. **Manual Submission:** Print and manually complete all sections (instructor completes the Instructor Declaration)
  - i. Mail hard copy to:  
Andrew Ferguson  
HRAI  
5560 Explorer Drive, Suite 101A  
Mississauga, Ontario L4W 5M3

**Note:** Late or incomplete applications (e.g., missing sections, no signatures) will not be considered.

**Questions:** 800-267-2231 ext. 248





# ORVIL L. DAVIE MEMORIAL FUND

## Application

### APPLICANT DETAILS

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### EMPLOYER (if apprenticing)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PROGRAM DESCRIPTION

Education Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Program name: \_\_\_\_\_ Duration (weeks): \_\_\_\_\_

Name of program accreditation or certification (if applicable): \_\_\_\_\_

Anticipated program completion date: \_\_\_\_\_ Describe the program curriculum below or attach a separate description:

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**INSTRUCTOR DECLARATION**

*To Be Completed by the Program Instructor*

How has this student demonstrated determination to succeed?

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I hereby certify that this bursary candidate is currently participating in classes in the program indicated and will continue to do so past the application deadline.

Instructor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT DECLARATION**

*To be completed by the applicant*

Describe your HVACR educational and career goals and your reasons for choosing this career: **Important Note:** *Declarations suspected of being AI generated may reduce award chances. Share your authentic story.*

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**A. School Expenses**

Tuition and incidental fees \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Books & supplies \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Food \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Other Expenses (specify) \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

**TOTAL EXPENSES = \$ \_\_\_\_\_**

**B. Financial Resources**

Part-time Work (net) \$ \_\_\_\_\_ x \_\_\_\_\_ months = \$ \_\_\_\_\_

Parent/Spouse contribution \$ \_\_\_\_\_

Other Awards/Bursaries/Scholarships \$ \_\_\_\_\_

Other Income (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Government Education Assistance

Provincial Study Grant \$ \_\_\_\_\_

Canada Student Loan \$ \_\_\_\_\_

Provincial Student Loan \$ \_\_\_\_\_

Other Assistance (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME = \$ \_\_\_\_\_**

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

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_