



**Heating, Refrigeration and Air Conditioning
Institute of Canada (HRAI)**
2350 Matheson Blvd East, Suite 101
Mississauga, ON L4W 5G9
800-267-2231 hraimail@hrai.ca

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. Send applications to HRAI via post, or email hraimail@hrai.ca with a subject line Bursary Submission. For more information, please contact HRAI 800-267-2231.

Application Deadlines and Amount of Award

Applications are reviewed twice a year. The next submission deadline is Friday, March 29, 2019, followed by November 30th, 2019. 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.



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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: _____ Phone Number: _____

Address: _____ City: _____ Postal Code: _____

EMPLOYER (if applicable)

Name: _____ Phone Number: _____

Address: _____ City: _____ Postal Code: _____

EDUCATIONAL INSTITUTION OR ORGANIZATION

Name: _____ Phone Number: _____

Address: _____ City: _____ Postal Code: _____

PROGRAMME NAME (please attach course description)

Does this program earn some form of accreditation or certification?

No _____ Yes _____ please specify _____

How many terms is the program? _____ How many weeks is the program? _____

When will the student complete the program? _____

Comments **TO BE COMPLETED BY INSTRUCTOR:** (In your opinion how has this student demonstrated determination to succeed? Use reverse side, if necessary.)

TO BE COMPLETED 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 next page.**

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	\$ _____	X	_____ months	=	_____
Books & supplies	\$ _____	X	_____ months	=	_____
Rent	\$ _____	X	_____ months	=	_____
Utilities	\$ _____	X	_____ months	=	_____
Phone	\$ _____	X	_____ months	=	_____
Food	\$ _____	X	_____ months	=	_____
Personal	\$ _____	X	_____ months	=	_____
Medical/Dental					_____
Clothing					_____
Transportation	\$ _____	X	_____ months	=	_____
Other (please specify)					_____
			TOTAL	=	_____

B INCOME/RESOURCES

Parent/Spouse contribution					_____
Awards/Bursaries/Scholarships					_____
Part-time Work (net)	\$ _____	X	_____ months	=	_____
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.

Student signature _____ **Date** _____