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 deadlines for submissions are typically February 28th and November 30th of each given 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: _______________________________ 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: _______________________________
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 __________________