

SOUTH CAROLINA ASSOCIATION OF HEATING AND AC CONTRACTORS SCHOLARSHIP APPLICATION

I have read and understand the attached scholarship program description. I further state that all the information given here is accurate, to the best of my knowledge.

Signed _____ Date _____

Please Print

Last _____ First _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Student ID Number _____

Legal Residence: State _____ County _____ City _____

Major(s) _____

High School Class Rank _____ Grade Point Average* _____

***Referring Dealer** _____

Address _____ Telephone _____

City _____ State _____ Zip _____

College Selection _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Financial Aid Department Contact _____ Telephone _____

Acceptance Date _____ Semester Start Date _____ Est. Graduation Date _____

*Include copy of your latest transcript (showing courses and grades)

Complete both sides and return to:

Questions? Call 1-800-395-WARM

**South Carolina Association of Heating & AC Contractors
P.O. Box 11035
Columbia, SC 29211**

Please list schools you have attended:

Name

Address

Dates Attended

Use the space below to write a brief statement concerning your request for this scholarship:

Employer _____
(Present or Proposed Employer)

*Attach a letter from the recommending dealer.