

# 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 \_\_\_\_\_

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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**

**SCAHACC**  
**PO Box 80265, Charleston SC 29416**

Please list schools you have attended:

Name

Address

Dates Attended

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

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Employer \_\_\_\_\_  
(Present or Proposed Employer)

\*Attach a letter from the recommending dealer.