ACCO Memorial Fund Scholarship Application

INSTRUCTIONS

Complete entire form, enclose a copy of your most recent school transcript and mail to:

ACCO Scholarship Committee
8226 Stoney Brook Drive
Chagrin Falls, OH 44023

REQUIREMENTS: (must satisfy all requirements)

A) Applicants must be an Ohio resident entering or currently enrolled in a school with course work related to:
   i. the mechanical trades (heating, ventilation, air conditioning, refrigeration = HVACR) ,
   ii. engineering, or
   iii. business (provided applicant's goal is to use the training in the HVACR trade)

B) Academic performance based on most recent school experience
   - must have graduated H.S. or be enrolled in a post H.S.education program with a minimum 2.0 GPA

C) Evidence of interest in the trades [after school, summer or work-school experience)

D) Recommendation from school and/or employer

E) Sponsored by an ACCO member

F) Authorize background check for previous convictions of DUI, drug use, or felony charges.

APPLICATION DEADLINE:

Must be postmarked by August 15, 2024 for consideration for the 2024 – 2025 school year.

PLEASE PRINT ALL INFORMATION:

Name: _____ Social Security # _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: Home_____ Work: _____ Age: _____

E-mail: _____ Date of Birth _____ / ____ / _____

U.S. Citizen ? _____ Marital Status _____

EDUCATION

Previous high school, trade school or college experience:

SCHOOLS ATTENDED	DATES	Type of Degree	Grade Point Average
1. _____	____/___ to ___/___	_____	_____
2. _____	____/___ to ___/___	_____	_____
3. _____	____/___ to ___/___	_____	_____

School you currently attend or plan to attend (for which the scholarship funds will be applied):

Name: _____

Address: _____City/State/Zip_____

Present major / course of study: _____

Projected graduation date: _____

Estimated cost of education for one year: Tuition $_____ Books $_____

Other: (please explain) _____

PERSONAL

Are you involved in any extracurricular activities or community service? _____ If yes, please explain:

_____

_____

We will consider financial need when awarding these scholarships. Please supply any information you would like us to take into consideration: _____

_____

_____

Do you have any previous experience in the HVACR industry? ____ If yes, please explain: _____

_____

_____

_____

In your own words, please state your career goals in the HVACR industry: _____

_____

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_____

To the best of my knowledge, all information furnished in this application is correct. By my signature, I further authorize a background check.

Applicant's Signature: _____

Sponsor: ACCO Member Company: _____

Signature: _____

Applicant's Relationship to Sponsor (if any) _____ Date: ___/___/___