

For Staff Use Only: Applicant Number _____

Iowa Heat Pump Association Scholarship Application

The lowa Heat Pump Association is a non-profit association, incorporated in the State of Iowa. The Association does not discriminate regardless of race, color, creed, religion, national origin, sex, age, disability or ethnicity.

Applications for the Iowa Heat Pump Association Scholarship are considered based on information provided by the applicant not by association to any company, individual or affiliation.

To be eligible for consideration by the Iowa Heat Pump Association Scholarship Selection Committee: ☐ Applicant must be enrolled full-time in a college or trade school. Full time = 12 credit hours per quarter or semester. (Enrollment is confirmed by IHPA staff before scholarship awards are mailed to the school.) Applicant must be employed by an IHPA member firm or related to an employee of an IHPA member firm. ■ Application must be typed (no exceptions) Application must be complete when submitted. Incomplete applications or applications not containing all supporting information will not be considered. Application must be submitted with letters of recommendation from your most recent employer and IHPA sponsor, current photo and school transcript for classes completed through August 31,2007. Applicants are eligible to receive an IHPA scholarship a maximum of two scholastic years. Part I. APPLICANT INFORMATION (This application may be photocopied) Applicants Name _____ Address _____ City/State/ ______ Social Security # ______ Home Phone Your affiliation to IHPA member firm Fathers Name Address City/State/Zip _____ Home Phone ______ Work Phone # _____ Fathers Occupation _____ Company Name _____ Address City/State/Zip Home Phone Work Phone # Mothers Occupation _____ Company Name _____ Number of Brothers or Sisters _____ Number Living at Home _____ Number Attending College _____ The information submitted in this application is accurate and complete to the best of my ability. I understand the information may be verified by the Iowa Heat Pump Association Scholarship Selection Committee. Applicant's Signature______ Date_____



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Part II. ACADEMIC STANDING / SCHOOL STATUS

G.P.A. statements must be translated to read on the 4.0 scale (4.0 correlating with straight A grades). Please provide school transcript documenting cumulative grade point average for classes completed through August 31st.

<u>HIGH SCHOOL</u>	
Name of School	
Address	
City/State/Zip	
Graduating Class Size: ☐ (1-99 seniors) ☐ (100-199 seniors) ☐	(200-349)
Enter your exact rank in class senior yearC	Cumulative G.P.A.
Type of Community: ☐ Rural ☐ Urban ☐ Suburban	
COLLEGE/ TRADE SCHOOL	
Name of School	
Address	
City/State/Zip	
Years Attended Dates Attended	G.P.A. or Certification
Please list all known sources of financial aid you will apply for scholarships, grants, student loans, work study, etc.).	or receive in the coming academic year (e.g.



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Please list the organizations or clubs you actively participate in, if you hold leadership status in any of these, how much time each requires from you (e.g. 4-H, scouts, church youth group, volunteer work, etc.).	
ume each requires from you (e.g. 4	4-n, scouls, church youth group, volunieer work, etc.).
D. J. III. WORK EVDERIEN	0.5
Part III. WORK EXPERIEN	
	accompany information in this section from your most recent employer. Failure to s section of the application. Describe work experience during the past 4 years.
Company	
City/State/Zip	
Supervisor	Position
Dates	Average hours worked weekly
Company	
Address	
Supervisor	Position _
Dates	Average hours worked weekly
Company	
Address	
City/State/Zip	
Supervisor	Position _
Dates	Average hours worked weekly
Briefly state what knowledge you h	have acquired from your work experience.



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Part IV. HOBBIES - INTERESTS

What do you do for fun or relaxation?
Part V. COLLEGE INFORMATION
Name of school you plan to attend
Major field of study applicant plans to pursue
Name of School and financial aid office address where the scholarship award should be made payable.
Name
Address
City/State/Zip
Phone
Name of local newspaper
Address
City/State/Zip
<u>FUTURE GOALS</u>
Briefly state your educational plans and career objectives for the next 5 years.

Iowa Heat Pump Association 8345 University Blvd., Suite F-1 Des Moines, IA 50325 (515) 225-2323 voice ● (515) 225-6363 fax

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Part VI. SPONSOR INFORMATION

A letter of recommendation from the lowa Heat Pump Association sponsoring company and/or personal reference written by an individual who knows the applicant and can best articulate the individuals qualities. The letter of recommendation must accompany the scholarship application.

Applicant name	
Name of sponsor	Title
IHPA member firm	
Address	
	Fax
Applicants job title	s currently employed by the firm listed above.
If applicant is not employed by the firm lisinformation.	sted above but is a relative of an employee, please provide the appropriate
Name of employee	
Applicant's relationship to IHPA firm emplo	oyee
Signature of sponsor	Date