

BIOLOGICAL QUESTIONNAIRE

The following questions are designed to gather information about your background, interests and plans. Your answers to these questions will be used only in connection with your application for the Carrier & Bryant Distributors' Education Foundation Scholarship.

PLEASE TYPE OR PRINT, USING BLACK INK.
APPLICATIONS MUST BE RECEIVED BY MAY 31.

A. APPLICANT

NAME IN FULL: LAST			FIRST	MIDDLE
ADDRESS				
CITY			STATE	ZIP
(AREA CODE) PHONE			D.O.B.	AGE
EMAIL ADDRESS			CHECK ONE: <input type="checkbox"/> Male <input type="checkbox"/> Female	
			U.S. CITIZENSHIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. EDUCATION

1.

NAME OF HIGH SCHOOL

STREET ADDRESS

CITYSTATEZIP

In what year will you graduate?

2. List all schools you have attended during the last four years, beginning with the one you attended most recently.

NAME OF SCHOOL	LOCATION (CITY/STATE)	DATES ATTENDED

3. List any advanced or special program courses or summer courses you have taken. Begin with the most recent course or program.

COURSE/PROGRAM	NAME OF SCHOOL	LOCATION (CITY/STATE)	DATES ATTENDED	HOURS PER WEEK

C. COLLEGE CHOICE AND OBJECTIVE

1. What college or university do you plan to attend?

NAME OF INSTITUTION

CITY

STATE

2. Will you be a resident ☐ or a commuter ☐

3. Have you been accepted? Yes ☐ No ☐

4. What is your degree objective? (example: B.S., B.A., M.S., M.A., PH.D.) _____

Other (specify) _____

5. What course of study (major) would you like to follow in college? (You may list more than one or answer "undecided")

Why? _____

6. Have you decided on your future occupation? Yes ☐ No ☐

If yes, specify _____

D. ACTIVITIES

1. List school-related activities in which you have participated. Please also include any honorary awards.

ACTIVITY

DATES OF PARTICIPATION

OFFICES HELD

SPECIAL AWARDS OR HONORS

2. List sport(s) in which you participated.

SPORT

DATES OF PARTICIPATION

NUMBER OF VARSITY LETTERS

EVENT OR POSITION

SPECIAL AWARDS OR HONORS

3. List community or volunteer activities in which you have participated (such as hospital volunteer work, church work, drug hot lines, and outreach programs).

ACTIVITY	NAME OF AGENCY OR ORGANIZATION	DATES OF PARTICIPATION	SPECIAL AWARDS

4. Please describe one of your favorite experiences from the activities you have listed in Section D.

E. EMPLOYMENT

Starting with the most recent, list any part-time or full-time jobs you have held.

EMPLOYER	ADDRESS	JOB DESCRIPTION	DATES EMPLOYED	HOURS PER WEEK

F. READING

1. What books and articles have you read within the last six months?

ASSIGNMENTS	PERSONAL READING

2. Which book or article did you find interesting? Why?

G. TECHNOLOGY

As a member of a family involved in the HVAC industry, you probably see ways in which HVAC technology makes our lives better. Willis Carrier invented air-conditioning in 1902. Please describe another 20th Century technology that improved the way we live.

H. YOUR FAMILY

1. Which of your parents is an employee of an HVAC Dealer/Contractor?

At which location does he/she work?

- 2.

LOCAL CARRIER OR BRYANT DISTRIBUTOR NAME

ADDRESS	CITY	STATE	ZIP
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3. Father's full name: _____

Occupation: _____

4. Mother's full name: _____

Occupation: _____

5. Guardian who supports you if other than father or mother:

NAME	RELATIONSHIP TO YOU
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I. ABOUT YOU

1. Please describe why you feel you would be an appropriate recipient of this scholarship.

2. Please describe what you would like to have accomplished 10 years from now.

J. SUBMITTING APPLICATION

Review all questions to be sure you have answered them completely.

Please email (preferred) or mail your completed application, along with a copy of your high school transcript (include SAT/ACT scores and class rank), and your college transcript (if applicable) to Kate Bilski at kbilski@psas.org or

SCHOLARSHIP SERVICES CO.

P.O. BOX 451160

WESTLAKE, OH 44145

Please list your hometown newspaper and its address for use in a press release if you are an award winner.

☐ Yes, I authorize you to release information to:

NEWSPAPER NAME

ADDRESS

CITY

STATE

ZIP

☐ No, I do not wish to have the information released.

I verify that all information is accurate and true to the best of my knowledge.

STUDENT SIGNATURE

DATE

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APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.