



## Dave Nelsen Scholarship Award for Technicians

Please send completed application to:  
*The Organization of Energy Service Professionals*  
Attn: Lisa Strug, Executive Director  
Mail to: 312 North Avenue East, Suite 5, Cranford, NJ 07016  
OR  
e-mail: [lstrug@thinkoesp.org](mailto:lstrug@thinkoesp.org) ▪ phone: 888-552-0900 ▪ fax 908-967-5044

OESP will be offering scholarship to technicians for qualifying education up to a maximum of \$2,000.

**Eligibility Requirements: In order to be considered to receive a scholarship, you must meet ALL of the following criteria.**

- You must apply for the scholarship at least two weeks before the start of the class.
- You must have sponsorship by a local OESP chapter.
- You must have been working as a technician for a minimum of one year in the field of HVAC, propane or oil.
- You must be working at a company with a membership in OESP.
- You must present a detailed explanation of the class you wish to take and the benefits to you of the class, in your own words. Please include a separate sheet with this explanation.
- You may apply up to two times, to receive a maximum of \$2,000.
- Classes that may qualify:
  - A licensing fee does not qualify for reimbursement, but the courses to achieve the license do qualify.
  - Manufacturer training may qualify, please present for evaluation.
  - NORA education either onsite at a NORA location or at the EEE will qualify. The NORA exam fees do not qualify.
  - Certifications (present for evaluation)

### **Instructions:**

1. Please complete the second page of this form.
2. Submit this form along with a detailed explanation of the class you wish to take and the benefits to you of the class.
3. If you have it, please send a copy of the course brochure.
4. Please include a course description including the content and number of course hours. If you will earn any certification, please indicate that.
5. Please mail or email to the address above.
6. The evaluation committee may call you to clarify any questions on your application as needed. Please be sure to provide an email address and telephone number where you can be reached to schedule this call.
7. Reimbursement will be provided to you. Once you are approved for the grant, you should pay for the class. We will reimburse you upon completion of the course. You must provide proof of payment, attendance and passing of the course (if applicable). For a longer length course with a higher fee, please explain the circumstance and exceptions may be made for advance payment.
8. Any questions, please call the Association office at 888-552-0900 or email [lstrug@thinkoesp.org](mailto:lstrug@thinkoesp.org).



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**PLEASE PRINT OR TYPE:**

**Name:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**Home Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**OESP member contact person at place of employment:** \_\_\_\_\_

**Address of place of employment:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_

**Current Certifications:** \_\_\_\_\_

**Other Courses completed:** \_\_\_\_\_

**Name of Course:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of course hours:** \_\_\_\_\_

**What is your reason for taking this course?** \_\_\_\_\_

**Name of the school or organization teaching the course:** \_\_\_\_\_

**Address of the School** \_\_\_\_\_

**Sponsoring Chapter:** \_\_\_\_\_ **Chapter Representative:** \_\_\_\_\_

**Please submit your detailed explanation on a separate sheet of paper and return along with this form.**