



ASHRAE Society Scholarships – Parent Authorization Form

(If you are under the age of 18, please have your parent/legal guardian fill out this form)

Please email completed form to:

Email: ssmith@ashrae.org or Fax: 678-539-2120

I confirm that I _____ am the parent/legal guardian of _____.

I hereby consent to the above child submitting their application along with three letters of recommendation and an official transcript to the ASHRAE Society Scholarship Program.

I confirm that I and the applicant have read the validation below:

VALIDATION: In submitting an ASHRAE Society Scholarship application, I believe all the submitted information to be true and complete and I hereby apply to the ASHRAE for a scholarship. I certify that I am not receiving full funding for my education from an employer, any branch of the Armed Services or other organization. I authorize ASHRAE to obtain and review my academic records (including but not limited to official transcripts). By submitting this application, I agree to hold ASHRAE harmless from any and all liability for damage, injury, or loss sustained by me in connection with this application, including but not limited to, the acquisition by ASHRAE of my academic records.

Applicants Name: (please print) _____

Applicant Signature: _____

Parent/Legal Guardian Name: (please print) _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Contact Information:

Phone Number: _____

Email: _____