



New York State Association of Plumbing Heating,
Cooling, Contractors, Inc.

Irwin Botto Memorial Scholarship Application

SCHOLARSHIP RULES

1. Applicants must be a **member** of the **senior class** in High School **or** currently enrolled in an **undergraduate full-time college program** (12 or more credit hours), or plan to enroll in the PHCC eLearning Apprenticeship Program or the PHCC Fast Track to Service Program.
2. **Personal Letter:** Applicant must write a letter to include personal data, i.e., family size, need of scholarship monies, and career plans. Knowledge of and/or working experience with the Plumbing, Heating, and Cooling industry can be included but is not necessary.
3. **Principal/Dean/Advisor's Letter:** High School applicant must enclose a letter of recommendation from the principal or authorized member of the high school staff. It should include a complete transcript of the grades, college entrance exam scores, and cumulative GPA. College applicants must include a letter of recommendation from the Dean or Advisor of the College and an official transcript of grades and cumulative GPA. If this information is coming directly from the school to the Scholarship Committee Chairperson, the full address should be indicated on the application. A college freshman preparing to enter sophomore year must also include a high school transcript.
4. **Activity Form:** Applicant must enclose a complete activity sheet, using the sample copy as a guideline. Applicants should submit the **original and one copy of all documents**.

Applications will not be accepted after April 15, 2026

Send Application and all completed forms to:

*New York State Association of PHCC
Irwin Botto Memorial Scholarship Program
PO Box 8013, New York, NY 10016*

5. No person may receive more than one award during his/her academic career.
6. The Scholarship Committee has made the final decision in awarding scholarships. The Chairperson shall notify the winner(s) in writing. The winner(s) will then forward the requested information to the State Treasurer who will send a check made payable to the designated school, along with a cover letter. Failure to abide by the above rules will cause the scholarship monies to be refunded to the NYSPHCC.
7. It is the responsibility of the applicant to obtain the application and scholarship rules and to follow all instructions completely. Incomplete applications are not acceptable.

ELIGIBILITY REQUIREMENTS

Students who are citizens of the United States or Canada and are currently enrolled in or plan to enroll in:

- A full-time certificate or degree program or an approved apprenticeship program.
- Applicants must be an immediate family member or an employee of a New York State PHCC contractor member.
- Maintained a minimum cumulative grade point average of at least 2.0 for previous academic work.
- Currently a New York State resident.
- Have not previously won a scholarship from the NYSPHCC.

***** If You Are an HVAC or Plumbing Apprentice, to qualify you must:***

1. Be enrolling this year in the PHCC eLearning plumbing apprentice programs.
2. Be working full-time for a licensed plumbing or HVACR contractor who is a member of the New York State Association of Plumbing-Heating-Cooling Contractors (NYSPHCC).
3. Include a letter of recommendation from your employer.

Notes:

A maximum of two scholarship applications per company will be accepted for consideration per year. Scholarship payments are made directly to schools for qualified expenses. Applicants are responsible for avoiding conflicts with other grants and scholarships. Your complete application and all supporting materials must be received by April 15, 2026.



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Application Form – Applications will not be accepted after April 15, 2026

PERSONAL INFORMATION

PLEASE PRINT CLEARLY IN THE BOX PROVIDED BELOW

Last Name:	
First Name:	
MI:	
Age:	
Email:	
Address:	
City/State/Zip:	
Phone:	
Alternate Phone:	

PARENT/GUARDIAN INFORMATION

PLEASE PRINT CLEARLY IN THE BOX PROVIDED BELOW

Full Name:	
Address:	
City/State/Zip:	
Company Name:	
Job Title:	
Company Address:	

CAREER PLANS

PLEASE PRINT CLEARLY IN THE BOX PROVIDED BELOW

Intended Career:	
School Planning to Attend / Currently Attending:	
School Address:	
Date of Enrollment:	

SCHOLASTIC DATA

PLEASE PRINT CLEARLY IN THE BOX PROVIDED BELOW

High School:	
Year of Graduation:	
GPA:	
Principal's Name:	
College (if applicable):	
Year of Graduation:	
GPA (College):	
Dean/Advisor's Name:	

CERTIFICATION

I certify that the above information is true and accurate.

Applicant Signature:	
Date:	
Parent/Guardian Signature:	
Date:	