

# NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

MOSQUITO CONTROL FOR HEALTH AND COMFORT

## Application for Daniel M. Jobbins Scholarship

Applicants Name: \_\_\_\_\_

Agency employed by/affiliated with: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Responsibilities: (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

Proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Background of problem (if applicable): \_\_\_\_\_

\_\_\_\_\_

Methods: \_\_\_\_\_

\_\_\_\_\_

Objective/goal: \_\_\_\_\_

\_\_\_\_\_

*(Additional information may be required at the discretion of the NMCA Scholarship Committee)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUBMISSION INFORMATION**

**PLEASE SUBMIT BY NOVEMBER 10, 2007 TO:**

**EMILY SULLIVAN**

**261 NORTHERN BOULEVARD PLUM ISLAND NEWBURYPORT, MA 01950**

**PHONE: (978) 463-6630 FAX: (978) 470-0175 E-MAIL: [president@nmca.org](mailto:president@nmca.org)**



**PLEASE FOLLOW UP WITH AN E-MAIL OR PHONE  
CALL TO CONFIRM RECEIPT OF YOUR APPLICATION**

