

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

MOSQUITO CONTROL FOR HEALTH AND COMFORT

Application for John L McColgan Grant In Aid

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



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

