

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 1 TO:
WALLY TERRILL, NMCA PRESIDENT
PO BOX 627 • OTIS, MA 01253
TEL: (413) 269-6155 • FAX: (508) 393-8492
E-MAIL: PRESIDENT@NMCA.ORG**