

# 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:**

**DAVID LAWSON, NMCA PRESIDENT**

**144 Production Road, Suite C • Walpole, MA 02081**

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