

# 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:**  
**GABRIELLE SAKOLSKY-HOOPES, NMCA PRESIDENT**  
**259 WILLOW ST. SUITE 3 • YARMOUTHPORT, MA 02675**  
**TEL: (508) 755-1510 • FAX: (508) 362-7917**  
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