

# 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:  
CHARLES LUBELCZYK, NMCA PRESIDENT  
MaineHealth Institute for Research,  
Scarborough, ME, 04073 TEL: (207) 396-8246  
E-MAIL: [charles.lubelczyk@mainehealth.org](mailto:charles.lubelczyk@mainehealth.org)