

# NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

*MOSQUITO CONTROL FOR HEALTH AND COMFORT*

## Application for John L McColgan Grant In Aid

Applicants Name:

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Agency employed by/affiliated with:

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Address:

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Title:

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Responsibilities: (attach additional sheets if necessary)

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Proposal:

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Background of problem (if applicable):

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Methods:

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Objective/goal:

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*(Additional information may be required at the discretion of the NMCA Scholarship Committee)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSION INFORMATION**

**PLEASE SUBMIT BY NOVEMBER 1 TO:  
Ellen Bidlack NMCA PRESIDENT  
Plymouth County Mosquito Control Project  
272 South Meadow Rd.  
Plymouth, MA 02360**

**TEL: (781) 585-5450  
E-MAIL: [ellen.bidlack@mass.gov](mailto:ellen.bidlack@mass.gov)**