

NORTHEASTERN MOSQUITO CONTROL ASSOCIATION

MOSQUITO CONTROL FOR HEALTH AND COMFORT

Application for Daniel M. Jobbins Scholarship

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
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