

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:
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**