New Jersey Mosquito Control Association, Inc.
Encouraging and Supporting Mosquito Control since 1913
www.njmca.org

William Zawicki Memorial Scholarship Application Form

Applicant's Name:	
	Last M.I. First
Agency:	
Course / Class:	
Educational Institution:	
Semester/Course dates:	
Phone Number:	
Email:	
Signature & Date:	

I understand that if I am awarded this scholarship (donated by the members and friends of the New Jersey Mosquito Control Association) that I am expected to complete the course and present what I have learned at the next NJMCA meeting, as described in the application. If this is not possible for any reason, I shall return the scholarship money.

Please Attach to this Form:

An unofficial transcript.

A letter of recommendation from your supervisor.

A letter describing details of the course, why you would like to further your education, and how this will enhance your mosquito control or administrative skills and abilities.

(Additional information may be requested at the discretion of the NJMCA Scholarship Committee)

Please submit this form and all attachments to: scholarships.njmca@gmail.com