



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

College Scholarship Application Form

Applicant's Name: _____
(First) (Middle) (Last)

Address: _____

Phone Number: _____

Email: _____

College/ University: _____

Area of Study: _____

Name of NJMCA Sponsor: _____

Signature: _____ Date: _____
(Applicant)

Please Attach to this Form:

1. An essay of 500 words, or less, discussing the importance of organized mosquito control.
2. A copy of your high school transcripts.
3. A letter of recommendation from a teacher, guidance counselor, or employer.

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

Please submit (mail or email) one (1) copy of this form and all attachments to:

New Jersey Mosquito Control Association, Inc.
Scholarship Committee
c/o Autumn Angelus
900 Route 45, Bldg. 4
Woodstown, NJ 08098
(856) 769-3255
autumn.angelus@salemcountynj.gov