



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

Educational Scholarship Application Form

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

University: _____

Department: _____

Address: _____

Phone Number: _____

Email: _____

Research Title: _____

Signature: _____ Date: _____
(Applicant)

Please Attach to this Form:

1. A research statement of four (4) pages or less.
2. An unofficial transcript.
3. A letter of recommendation from a professor or advisor.

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

Please submit (via 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