



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

**Daniel M. Jobbins 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. A curriculum vitae or resume.
3. A letter of recommendation from your major advisor.

(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