



NEW JERSEY MOSQUITO CONTROL ASSOCIATION, INC.
Encouraging/Supporting Mosquito Control Since 1913
Website: www.njmosquito.org

**NJMCA College Scholarship
Application Form**

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

Address: _____

Phone Number: _____

E-mail: _____

Area of study: _____

Signature: _____ **Date:** _____
(Applicant)

Name of Family member (Mother, Father, Grandmother, Grandfather, Brother or Sister) who was/is an active member in the New Jersey Mosquito Control community.

Attach to this form:

1. An essay of 500 words or less on why you think mosquito control is important both locally and globally.
2. A copy of High School Transcripts.
3. A letter of recommendation from a teacher, guidance counselor, or employer.
(letters from family members will not be accepted)

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