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**NJMCA Daniel M. Jobbins Scholarship
Application Form**

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

Department: _____

Address: _____

Phone Number: _____

E-mail: _____

Research Title: _____

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

- Attach to this form:**
1. A research statement of not more than four (4) pages.
 2. A curriculum vitae or resume
 3. A letter of recommendation from the major advisor.

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