SCHOLARSHIP AWARD:
In partnership with the WSPMA and Northwest Pest Management Conference, one educational scholarship in the amount of four thousand and five hundred dollars ($4,500.00) will be awarded. Award(s) will be granted to a qualified applicant(s) that meets the conditions of eligibility below.

ELIGIBILITY:

A. Applicant must be an owner, child (natural or adopted), stepchild or grandchild of owner, employee, child (natural or adopted) or stepchild of an employee, or employee’s spouse of an WSPMA member firm. Employees or children (natural, step or adopted) of an Allied member representative may also apply.

B. Applicant must be nominated by a WSPMA member firm whose membership has been in good standing a minimum of two consecutive years. Consideration will be given to member firms that have been affiliated with WSPMA for more than 3 consecutive years through previous employers.

C. Graduating high school seniors, other high school graduates and applicants with G.E.D equivalent will be considered who meet eligibility requirements A and/or B above.

D. Applicant must attend an accredited college university, trade school, or institute of higher learning.

E. Transcripts may be requested if required by the institution to which the applicant has applied.

OPERATING RULES:

A. Applicant must fill out the entire application and submit it with a completed nomination form in order to have their application considered.

B. Funds awarded shall be applied toward education tuition or books. Recipient shall provide proof in the way of receipts from institution named upon application to WSPMA.

C. Applications are not held from one year to the next. In order to be eligible for consideration applicants must submit a new nomination and application each year.

D. This scholarship is awarded as a one-time outright grant. Eligibility does not carry over from one year to the next. No repayment is expected or necessary.

E. The amount awarded and the number of scholarships to be awarded each year will be determined and approved by the WSPMA Executive Board of Directors. The WSPMA Executive Officer will disburse funds at the request of or time indicated by the institution.

MISCELLANEOUS:

A. Applications may be obtained from the WSPMA office or online at WSPCA.org.

B. The decision of the WSPMA Board of Directors will be final. No appeals will be accepted.
C. The WSPMA Board will review any unusual circumstances or questions of default. If the selected applicant has become ineligible or other circumstances prevent acceptance of the grant, another applicant may be selected at the discretion of the WSPMA Board.

D. Applications must be postmarked no later than December 31st of the previous year being applied for. Applications postmarked later than December 31st will not be considered.

E. The awarded applicant will be notified in writing by January 15th or at the WSPMA Board’s discretion.

F. Submission of an application is considered an agreement with the Washington State Pest Management Association to publish the applicant’s name, photograph or other personal information. Publication of information is solely for the purpose of press releases or promotion of WSPMA and its member benefits.

G. This Scholarship program shall exist so long as there are funds available. If at anytime the fund balance is depleted so as to not allow full granting of awards, the WSPMA Board of Directors shall act to either develop additional funds or may terminate the program, either temporarily or permanently. The Board of Directors may designate another use of any unused funds as deemed prudent and appropriate.
WASHINGTON STATE PEST MANAGEMENT
ASSOCIATION
SCHOLARSHIP APPLICATION

THIS FORM TO BE COMPLETED BY THE LICENSED WSPMA MEMBER FIRM

I do hereby nominate ________________________________ for the Washington State Pest Management Association Scholarship. The nominee is the ______________________ of ________________________________ who has been employed by our firm for ________ years in the position of ________________________________.

Our firm, ______________________________________ has been an active Member in good standing for ________ years.

Owner/Manager Signature____________________________________________

Printed Name________________________________________________________

IN ADDITION TO THIS NOMINATION ALL APPLICANTS MUST SUBMIT THE FOLLOWING PRIOR TO THE APPLICATION DEADLINE.

1. WSPMA Scholarship Application
2. Letter of Application including a summary in 350 words or less as to why you should receive the scholarship. Also include any other circumstances, which may have a bearing on this application.
3. Two letters of recommendation from non-family members who are not affiliated with the nominating firm.
4. Institute of higher learning acceptance letter or the equivalent. (Copies permitted)

APPLICATION AND ALL SUPPLEMENTARY MATERIALS MUST BE POSTMARKED BY THE DESGATED DEADLINE AND MAILED TO:

Washington State Pest Management Association
Attn: Tim Baker
4600 Village Circle SE
Olympia, WA  98501
1-800-253-3836
WASHINGTON STATE PEST MANAGEMENT
ASSOCIATION
SCHOLARSHIP APPLICATION

THIS FORM TO BE COMPLETED BY THE SCHOLARSHIP APPLICANT

1. Full Name: ________________________________________________________________

2. Current Address: __________________________________________________________

3. Phone Daytime: (_____)_____________ Evening: (_____)____________________

4. Birth Date: _____________________________

5. Year of Graduation or GED completed: ________________________________

6. High School attended: _______________________ City/State____________________

7. Years attended: __________________________

8. Institution where grant will be used: ________________________________

9. Accepted to institution? Yes or No (circle one)

10. Major field(s) of study: _________________________________________________

11. Minor field(s) of study: ________________________________________________

12. Which class will you be in the next academic year? _____Freshman _____Sophomore
    _____Junior _____Senior _____Graduate: (M.S.) (PhD) Circle one.

13. What are your plans for a career after graduation: ____________________________

                                                                                   ____________________________
                                                                                   ____________________________
                                                                                   ____________________________
                                                                                   ____________________________
14. List past employment (with most recent first: Include employer’s name, location and dates of employment).

______________________________________________________________________________

______________________________________________________________________________


15. List extracurricular activities in which you have participated and honors you have received (in high school or college, as appropriate):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

16. List any professional and volunteer activities you have been or are currently involved in:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please feel free to attach additional paper if more room is needed.