

Joseph F. Salino Memorial Scholarship Submission

Note: in order for an application to be reviewed, all of the following items must be submitted to the Association Administrator at headquarters before March 15. **PREVIOUS RECIPIENTS ARE NOT ELIGIBLE TO REAPPLY. THIS IS A ONE-TIME AWARD.**

1. Properly completed scholarship application, and
2. Whichever pertains:
 - A. Copy of high school grade transcript along with copy of acceptance letter from college/university you are planning to attend and notarized or verified copy of SAT/ACT test results or
 - B. Copy of most recent college grade transcript including cumulative GPA
3. A letter written by applicant containing the following:
 - A. Field you plan to major in/are currently majoring in
 - B. Your plans for the future
 - C. A list of activities - school, extracurricular and community
 - D. Awards received
4. Letter of recommendation from High School Principal, Assistant Principal or Guidance Counselor from school you are presently attending or school from which you graduated.
5. Completed "Qualifications for Scholarship Recipient" section below

Qualifications for Scholarship Recipients

Note: In order for an application to be considered, at least one item in each section must be checked.

Section1

The applicant must be a United States citizen and the sponsor must be a Pennsylvania Certified/Registered Applicator and

An owner of a pest control company which has maintained active membership in the PPM A for a minimum of four (4) years and is currently an active member in good standing.

An employee who has worked full time for a minimum of four (4) years for an active member in good standing with the PPMA.

Section2

"Has been accepted as a full-time student as defined by an accredited 4-year college/university or a full-time student in a 2-year associate degree program leading to an Associate Degree and/or Bachelor's Degree."

"Is currently enrolled in a program as described above."

Section3

Have at least two of the following:

- A. "B" high school grade average or GED equivalent
- B. Minimum of 900 combined SAT score (Critical reading and math scores only).
- C. If now attending college, minimum of 2.8 cumulative college GPA

Section 4

The sponsor must be a Pennsylvania certified/registered applicator and/or work in a Pennsylvania branch office.

Section 5

A natural, adopted, legal guardian child, or member of the household of a person who meets the qualifications previously stated, I certify that the above information is true and correct.

Signature_____

Date_____

Joseph F. Salino Memorial Scholarship Application

Date (PPMA) Received _____

Applicant's Full Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____ Social Security No. _____

Date of Birth: _____ Age _____ U.S. Citizen: Yes _____ No _____

High School (s) Attended: _____ Phone: _____

City and State _____

Year of Graduation _____ Rank In Class _____ Total # in Class _____

Grade Point Average: _____ Combined SAT Score: _____

College Presently Attending: _____

City and State: _____ Year of Graduation _____

Have you ever been suspended from school/college for disciplinary reasons? Yes No

Have you ever been convicted of or pleaded guilty to a felony? Yes No

If you have answered Yes to either questions, include explanation in "Remarks" section.

Applicant's Employer _____

Address: _____ City, State, Zip: _____

Phone: _____ Immediate Supervisor _____

Previous pest management industry employment of applicant (if applicable):

Company: _____

Address: _____ City, State, Zip: _____

From: _____ To: _____ From: _____ To: _____

Name of parent/guardian _____ Phone: _____

Address: _____

Parent's Employer: _____ Phone: _____

Address: _____

Number of years with present employer: _____ Position: _____

Remarks: Use this space, and additional pages as needed, to explain/expand upon any earlier items.

Applicant's Signature _____ Phone _____

Sponsoring Company: _____ PA Business Lie. # _____

Member in good standing of PPMA for minimum of 4 years Yes No

Licensed PMP's Name (Print) _____

PA Certification # _____

PMP's Signature _____ Date _____

Mail by March 15, 2020 to PAPMA, 300 North Second Street, Suite 1002, Harrisburg, PA 17101