

Application for the Glenn H. Burnett Scholarship

Student Information

NAME: Last, First, Middle Initial _____

Academic Year _____

Mailing Address _____

Birthdate _____ Age _____ Telephone Number _____

City, State, Zip Code _____

Email address _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Year of High School Graduation or G.E.D. _____

Name of High School, City, State _____

High School Grade Point Average _____ Combined S.A.T. Score _____ Date of S.A.T. Exam _____

Acceptance Letter Attached _____ Currently Attending College Full Time _____

Other Colleges/Universities Attended and When _____

Extra Curricular Activities (include athletic and non-athletic activities, awards, leadership roles and experience.)

Name of Parent or Guardian (Last Name, First Name, Middle Initial) _____

Street Address, City, State, Zip Code _____

References: High School Teacher

Name _____ Name _____

Address _____ Address _____

City, State, Zip Code _____ City, State, Zip Code _____

Telephone Number _____ Telephone Number _____

Applicant's Signature _____ Date _____

To Be Completed by the Licensed PCO

I do hereby nominate _____ for the GPCA Scholarship.

1. _____ has been employed by the firm for _____ years, as a _____

Parent or Guardian

Title

2. _____ has been an active member in good standing for _____ years.

Name of Company

3. _____ License number is _____

Name of Company

Licensed PCO's Name (Print) _____

PCO Signature _____ Date _____

Street Address, City, State, Zip Code _____

Thank you for completing this application
Application Deadline: April 15
Mail To:
Georgia Pest Control Association
2034 Beaver Ruin Road, Norcross, GA 30071
770/417-1881 * 800/465-9827

Application current 2020