

**Code #**

## **Maryland State Pest Control Association**

**Fred Neil Scholarship Fund Qualifications of Scholarship Recipients**  
**Completed applications and forms must be post marked by June 1<sup>st</sup> and returned to**  
**MSPCA Fred Neil Scholarship**  
**2619 Newton Street**  
**Silver Spring, MD 20902**  
**or emailed to Julio@capitolpest.com**

*This scholarship is available only to children or employees of eligible member firms.*

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

### **Section 1**

I am a natural, adopted or legal guardian child of a person who has worked full time a minimum of four (4) years for an active member firm in good standing for at least three (3) years.

I am an employee of a pest control company who has worked full time a minimum of four (4) years for an active member firm in good standing for at least three (3) years who will enter or attend college full-time.

### **Section 2**

A citizen of the United States

Legal Resident of the United States

### **Section 3**

I have been accepted as a full-time student by an accredited college/university.

I am currently a full-time student in an accredited college/university.

### **Section 4**

I have at least one of the following:

- A. "B" high school grade average**
- B GED equivalent**
- C Minimum of 900 SAT score**
- D Minimum of 2.8 college GPA**

*I certify that the above information is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Fred Neil Scholarship Application**

Student's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

High School(s) Attended:

Name: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ Rank in class: \_\_\_\_\_ Class size: \_\_\_\_\_

Grade point average: \_\_\_\_\_ Combined SAT score: \_\_\_\_\_

Extra-curricular activities (Include athletic and non-athletic, leadership roles, etc...)

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(If additional space is needed, use "Remarks" section)

Awards: \_\_\_\_\_

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Community activities: \_\_\_\_\_

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Future goals: \_\_\_\_\_

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### Fred Neil Scholarship Application

Copy of college acceptance letter attached \_\_\_\_\_ or currently attending college full-time \_\_\_\_\_

College presently attending: \_\_\_\_\_

City and State: \_\_\_\_\_ Major Field: \_\_\_\_\_

What year of study: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you ever been suspended from school/college for disciplinary reasons? \_\_\_\_\_

Have you ever been convicted or pleaded guilty to a felony? \_\_\_\_\_

If either answer is "Yes", include an explanation in "Remarks" section.

References: (High School teacher, Principal, and/or Non-Relative)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Previous Pest Control Industry Employment if any:

Company \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

### Parent or Guardian Info Section

Name of parent or guardian \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years with present employer: \_\_\_\_\_

Position: \_\_\_\_\_

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**Fred Neil Scholarship Fund**

Remarks:

**On plain paper, type a 500 word essay on how your course of study will enrich the fabric of our society. Do not use an essay previously submitted. Include your last name within the top 3/4" of the paper. Number the pages if more than one page is necessary. Enclose with your application.**

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**Sponsoring Pest Management Professional**

Name of Company:

\_\_\_\_\_

MDA Business License #: \_\_\_\_\_

Member in good standing of MSPCA for a minimum of 4 years Yes \_\_\_\_\_ No \_\_\_\_\_

Company Representative Name: \_\_\_\_\_

Position: \_\_\_\_\_

Type or Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_