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.

Section 1
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 PPM A.

Section 2
   ___ "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."

Section 3
   ___ 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