



Oregon Pest Control Association

SCHOLARSHIP APPLICATION

SELECTION RULES AND REGULATIONS

SCHOLARSHIP AWARDS:

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ELIGIBILITY:

- A. Applicant must be an owner, an immediate family member, employee, child or stepchild of an employee, or employee's spouse of an OPCA member firm, or an individual pursuing a master's or doctorate degree in a program that serves the pest control industry of Oregon.
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QUESTIONS, SEND APPLICATIONS TO:

Oregon Pest Control Association
PO Box 2244
Salem, OR 97308

OPCA Office: 503-363-4345
exec@opca.org



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 - Those pursuing post graduate education in a field of relevance and significance to the pest control industry (MA, Ph.D.).
- D. Applicant must attend an accredited college university, trade school, or institute of higher learning.
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OPERATING RULES:

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- 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 granting of awards, the OPCA 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.

QUESTIONS, SEND APPLICATIONS TO:

Oregon Pest Control Association
PO Box 2244
Salem, OR 97308

OPCA Office: 503-363-4345
exec@opca.org



Oregon Pest Control Association

NOMINATION FORM

THIS FORM TO BE COMPLETED BY THE LICENSED OPCA MEMBER FIRM

I do hereby nominate _____ for the Oregon Pest Control Association Scholarship.

Confirmation of eligibility:

- ☐ The nominee is the _____ of _____ who has been employed by our firm for _____ years in the position of _____.
- ☐ The nominee is enrolled at the following university/college _____, in pursuit of the advanced degree of _____.

Our firm, _____ has been an limited/active (circle one) member for _____ years.

Owner/Manager Signature _____

Printed Name _____

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SCHOLARSHIP APPLICATION

1. Full Name: _____ Date Submitted: _____
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: _____
or advanced degree of study (M.S., Ph.D.) _____
11. Minor field(s) of study: _____
12. Which class will you be in the next academic year? ____ Freshman ____ Sophomore ____ Junior
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13. What are your plans for a career after graduation: _____

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

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SCHOLARSHIP APPLICATION

SELECTION RULES AND REGULATIONS

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