

# 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/school you are planning to attend and notarized or verified copy of SAT/ACT test results or
  - B. Copy of most recent post-secondary 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 PPMA.

### 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 \_\_\_\_\_

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 in Pest Management: \_\_\_\_\_ 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 Lic. # \_\_\_\_\_

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, 2022 to PAPMA, 300 North Second Street, Suite 1002, Harrisburg, PA 17101**