

TAMARA & THERESA TIGNOR MEMORIAL SCHOLARSHIP APPLICATION
MAIL TO: NEW MEXICO PEST MANAGEMENT ASSOCIATION
10460 North Street, Fairfax, VA 22030

Date (NMPMA) Received _____

Applicant's Full Name _____

Home Address _____

Home Telephone: _____ Social Security No. _____

Date of Birth: _____ Age _____ U.S. Citizen ? Yes No

High School Attended _____ Phone _____

City and State: _____

Year of Graduation: _____ Rank in Class _____ Total # in Class _____

Grade Point Average: _____ Combined SAT Score: _____ ACT: _____

College Attending or Plan to Attend: _____

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 question, please explain in the remarks section below.

Sponsoring Company: _____ CA License No. _____

Address: _____ Phone: _____

Relationship: Relative of Employee or Owner Employee-Immediate Supervisor: _____

Remarks: _____

Applicant's Signature: _____ Date: _____

Member in good standing with NMPMA for a minimum of 4 years? Yes No

Supervising CA's signature _____ Date: _____