OHIO PEST MANAGEMENT ASSOCIATION
PAST PRESIDENT’S SCHOLARSHIP

COLLEGE SCHOLARSHIP AWARDS
College scholarship awards will again be awarded in 2020. These awards will be granted to qualified students that meet the conditions of eligibility below. Since the Fund’s establishment, more than $90,000 has been awarded. These scholarships will be used toward tuition only.

CONDITIONS OF ELIGIBILITY

- Student must be an owner, an immediate family member, employee, son or daughter of an employee, or employee’s spouse of an OPMA member firm.
- The university or college of student choice needs to be based in The United States of America.
- Student must have a minimum cumulative GPA of 2.8. Transcripts required for verification.
- Student must be a full-time student of university or college of choice.
- Student must be ineligible for the OPMA Ohio State University Scholarship.
- Student cannot be a previous recipient of the OPMA Past Presidents Scholarship.

APPLICATION SUBMISSION INFORMATION
The scholarship application deadline is February 28, 2020. Submission must be postmarked or time stamped on or before February 28, 2020 and are to be submitted online or mailed to:

Ohio Pest Management Association
485 N. Stanbery Avenue
Columbus, OH 43209

For questions or for more information, please contact OPMA by phone at (614) 453-5776 or by email info@ohiopma.org.
SCHOLARSHIP APPLICATION

APPLICATION MUST BE TYPED OR COMPLETED ON-LINE (www.ohiopma.org)

If additional space is needed to provide requested information, please provide it on a separate sheet of paper labeled with the applicant’s name.

TRANSCRIPTS

Transcripts are required to verify GPA and full-time student status. Transcripts must be received and/or postmarked by the application deadline.

APPLICATION

This completed document will serve as my application for an OPMA Past President’s Scholarship Fund scholarship. I declare the responses made by me in completing this application are true and correct. I understand the information provided will be considered confidential.

Applicant signature: ___________________________ Date: ___________________________

GENERAL INFORMATION:

Name (Last, First, MI): ___________________________

Social Security Number (optional): ___________________________

Current home address: ___________________________

School address: ___________________________

Home number: ___________________________ Work number: ___________________________

Email address: ___________________________

High School attended: ___________________________
EDUCATIONAL PLANNING:
I plan to pursue an academic program in the field(s) of: __________________________________________

________________________________________________________________________________________

I have submitted applications to the following colleges/universities and I meet their requirements for admission: __________________________________________

________________________________________________________________________________________

College/ university accepted to or currently enrolled in:
Name of college/university: __________________________________________
Address: __________________________________________
City: __________________ State: _______ Zip: __________
Phone: __________________
Contact person at financial aid: __________________
Phone number for this person: ___________________ Student ID#: __________________

ACADEMIC HONORS/LEADERSHIP OPPORTUNITIES:
List academic honors and date(s) received: __________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Explain leadership opportunities you received and date(s) received: ______________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
EXTRACURRICULAR ACTIVITIES/NON-SCHOOL ACTIVITIES AND COMMUNITY SERVICE/EMPLOYMENT:

List school organizations in which you are/were an active member or perform, give dates of membership and any offices held in the organization. Include all clubs, athletic teams, performing arts groups, student government, and service groups. ________________________________

________________________________________

List all volunteer service performed with non-school groups, give dates of participation and indicate any leadership role in the group. Include church/religious activities, political, civic, youth, and service organizations: ________________________________

________________________________________

________________________________________

List current and past employment during your high school/college years. Indicate employers’ position(s) you held, and dates. ________________________________

________________________________________

________________________________________

ESSAY:

Please write an essay (500 words or less) describing the field or work that you are interested in pursuing and/or any further information about yourself that may further your ability to be beneficial to the pest management industry as a whole.
Optional: Please note any other items that may help you qualify for this scholarship such as your resume and letters of reference from non-family members.

**OPMA MEMBER FIRM AFFILIATION**
Name of firm: 
Owner of firm: 
Your relationship to this firm and/or owner: 

**CERTIFICATION BY OPMA MEMBER FIRM**
I hereby declare that this applicant is an immediate family member of someone at the OPMA member firm and/or an employee of the OPMA member firm.
Signature of OPMA member representative: 
Date: Date: 
Telephone: 
Address: 

**INSTRUCTIONS FOR SUBMITTING APPLICATION:**
The completed and signed application as well as an official transcript of your grades must be postmarked no later than February 28th. Submit all documents to: 

Ohio Pest Management Association  
ATTN: Scholarship Committee  
485 North Stanbery Avenue | Columbus, OH 43209  
Phone: 614-453-5776  
Email: info@ohiopma.org  

Copies of this application form and the information sheet are available at our website www.ohiopma.org. 

Please note incomplete applications will not be considered for scholarship awards.