

Criteria For Recipient Of Ward Combs Scholarship

1. The student applying for the scholarship must be at least one of the following:
 - A. Direct relative of an owner of a pest control business, and a member of the Nebraska State Pest Control Association, to be inclusive of son, daughter, son-in-law, daughter-in-law, wife or husband of the owner or the owner (him or herself). It shall not include the members' brothers, sisters, uncles, aunts, nieces or nephews, unless they are employed in the business (see #B).
 - B. An employee of the owner of a pest control business. The owner must be a business member of the Nebraska State Pest Control Association. The employee must be employed at the business, and not at other enterprises owned by the pest control business. The recipient may also be a son or daughter of an employee of the member.
2. The student applying for the scholarship must meet the following criteria:
 - A. The applicant must be a graduate of high school, or have passed a high school equivalency examination indicating the completion of high school.
 - B. The applicant must be a resident of Nebraska.
3. The scholarship will be issued on a check payable to the institution chosen by the recipient.
4. The scholarship will be awarded based on the applicant attending one of the following institutions:
 - A. An accredited university, state college, community college or business/liberal arts school.
 - B. Correspondence courses, mini-workshops or courses will not qualify for the scholarship.
5. The scholarship will be awarded based on the following criteria and points (1 being lowest score, 10 being highest score):
 - A. 1-10 Academic Excellence: Based on cumulative grade point averages in high school or higher education.
 - B. 1-10 Community Service: Based on individual's participation in local, regional and state activities to include such service as Boy Scouts, Girl Scouts, 4-H, civic and church organizations, community service clubs and the like.
 - C. 1-10 Financial Need: Based on demonstration of need, how much of the education must be self-funded or through student loans.
 - D. 1-10 Career Objectives: The Committee will review career objectives of the applicant.

Educator's Recommendation Form For Ward Combs Scholarship

Name of Applicant: _____

School: _____

How long and in what capacity have you known applicant: _____

Please state why you feel this applicant would be a good choice as a recipient of this scholarship:

How firm is the applicant's commitment to his or her career? _____

Signed: _____ Date: _____

Title or Position: _____

School Verification

As of _____ the student listed above had a grade point average of _____

ACT Test Score: _____ SAT Test Score: _____ Rank In Class: _____

Signed: _____ Position: _____

NSPCA Ward Combs Scholarship Application

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CURRENT GPA: _____
SCHOOL CURRENTLY ATTENDING: _____
STATE OF RESIDENCE: _____ YEAR YOU BECAME RESIDENT: _____
SCHOOL YOU WILL BE ATTENDING: _____
HIGH SCHOOL/COLLEGE HONORS, AWARDS AND ACTIVITIES: _____

COMMUNITY SERVICE AWARDS AND ACTIVITIES: _____

STATE YOUR FINANCIAL NEED/PORTION OF EDUCATION FUNDED BY SELF: _____

ACT TEST SCORE: _____ SAT TEST SCORE: _____ RANK IN CLASS: _____

OF STUDENTS IN YOUR CLASS: _____

WHAT ARE YOUR SHORT AND LONG-TERM CAREER OBJECTIVES?

WHAT DO YOU SEE YOURSELF DOING TEN YEARS FROM NOW?

ADDITIONAL INFORMATION WHICH MAY BE USEFUL TO SCHOLARSHIP COMMITTEE:

WITH WHICH MEMBER ARE YOU AFFILIATED? _____

Signature _____ Date _____

Please attach reference letter and submit application to
NEBRASKA STATE PEST CONTROL ASSOCIATION
1111 Lincoln Mall, Suite 308
Lincoln, NE 68508-3910
(402) 476-1528 Fax (402) 476-1259
Email info@nspca.org