APMA Lynn Hopper Memorial Scholarship Application

First Name _____________________ Middle ___ Last _____________________________
Address _______________________________________________________________
City ___________________________________________ State ____________ Zip ____________
Phone(s) ______________________________________________________________________
Age ________ Year of Graduation ___________ ACT/SAT Score(s) ______________________
Parent(s)/Guardian(s) __________________________________________________________
Occupation of Father ______________________________________
Annual Income of Father __________________________________
Occupation of Mother _____________________________________
Annual Income of Mother __________________________________
How much financial aid/scholarships are you receiving? ________________________________
Explain any special reasons for financial need in your case (Please attach to Application)
College ___________________________ Intended Major _________________
Does a family member work in the pest management industry? __________________________
If so, who is it (list relation) and where do they work?
____________________________________________________

• Please submit three letters of reference other than family members that have known you for 3 or more years.
• Please submit an essay of applicant’s future plans with degree. Applications will not be considered without essay.

Eligibility/Criteria
1. Applicant must have a 2.5 GPA or GED equivalent.
2. Applicant must plan to carry a minimum of 12 hours each semester (fall & spring semesters).
3. Applicant can be seeking a degree in any field.
4. Applicant must be a resident of the State of Arkansas.
5. Applicants who have a family member employed by a pest management firm (operator or technician) that is a member in good standing of the APMA will be given first consideration.
6. Three letters of recommendation are required and must be from individuals who have known the applicant for 3 or more years. Letters must be submitted with application.
7. An essay of applicant’s future plans must be submitted with application.
8. Applicant must be willing to meet in Little Rock to be interviewed by selection committee if necessary.
9. Applicants that have been awarded this scholarship in the past are welcome to apply again.
10. The selection committee has license to make final decisions based on the applicant pool. There may be times a candidate may or may not meet all the criteria. If this occurs, the committee reserves the right to make that adjustment for that year. It must be a unanimous decision.
11. Application deadline is February 1st of each year.
12. Applicant must maintain a GPA of 2.5 for the year (cumulative of fall & spring semesters), and provide a transcript at the end of the year to office@arkansaspest.org

Mail completed form and supporting documents to:
Arkansas Pest Management Association
PO Box 26243
Little Rock, AR 72221