

Arkansas Pest Management Association Lynn Hopper Memorial Scholarship Application

First Name _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Year of Graduation _____ High School _____

Current GPA _____ ACT/SAT Score(s) _____ Intended Major _____

College Planning to Attend (or currently) _____

Parent(s)/Guardian(s) _____

Occupation & Annual Income of Father _____

Occupation & Annual Income of Mother _____

Does a family member work in the pest management industry? Yes No

If yes, who is it (list relation) and where do they work? _____

How much financial aid/scholarships are you expecting to receive? _____

Eligibility/Criteria

1. Applicant must currently have a 2.5 GPA or GED equivalent and maintain a 2.5 GPA.
2. Applicant must provide a transcript at the end of each semester to office@arkansaspest.org
3. Applicant must plan to carry a minimum of 12 hours each semester (fall & spring semesters).
4. Three letters of recommendation are required and must be from individuals who have known the applicant for 3 or more years (not family). Letters must be submitted with application.
5. An essay of applicant's future plans with financial need must be submitted with application.
6. Applicant can be seeking a degree in any field.
7. Applicant must be a resident of the state of Arkansas or have a family member working with an Arkansas pest management company.
8. Applicants who have a family member employed by a pest management company (operator or technician) that is a member in good standing of the APMA will be given first consideration.
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.

I understand that if selected I must provide proof of GPA each semester by emailing office@arkansaspest.org

If my application is not selected the first year submitted, I would like the committee to re-consider it the following year.

Signature: _____ Date: _____

Mail completed form and supporting documents to:

Arkansas Pest Management Association

PO Box 26243, Little Rock, AR 72221 • office@arkansaspest.org