

Colorado Pest Control Association Bob Hand Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES POSTMARK DEADLINE April 1, 2020

APPLICANT INFORMATION

Last Name _____ First _____ Middle Initial _____

Permanent Home
Mailing Address _____ Apartment# _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

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, include explanation in "Remarks" section at the bottom of this page.

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____ Home Telephone (_____) _____

City, State & Zip _____ E-mail Address _____

Employer _____ Phone (_____) _____

Address _____

Number of years with present employer _____ Position _____

HIGH SCHOOL INFORMATION

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL INFORMATION

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied). Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other, explain _____

Year in school **next** year: 1 2 3 4 5 or Graduate Study

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

REMARKS

Use this space, and additional spaces as needed, to explain any earlier items.

Sending a résumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO Not repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, and office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

WORK EXPERIENCE

Employer/Position	From – Mo/Yr	To – Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital Volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. (Completion of high school information is not necessary).

2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official.

Applicant ranks _____ In a class of _____	Cumulative Grade Point Average	SAT			ACT			
	Weighted: _____/4.0 scale	Critical Reading	Writing	Math	English	Reading	English/ Writing	Math
	Unweighted: _____/4.0 scale							

School Official's
Signature _____ Date _____ Title _____ Telephone (____) _____

School Official's
Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to the Colorado Pest Control Association on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when the Colorado Pest Control Association has received all of the following materials:

Completed Application
Current Complete Transcript(s) of Grades

All materials, including transcript, must be addressed to:

Application Questions:
Email: colorado@pestworld.org
Phone: 703-352-6762

CPCA
10460 North Street
Fairfax, VA 22030
Attn: Bob Hand Scholarship Fund

COMPANY INFORMATION

Sponsoring Company _____ Applicator's License No. _____

Has been a member in good standing of the CPCA for a minimum of two years? Yes _____ No _____

PCO's signature _____ Date _____

CERTIFICATION

I acknowledge decisions of the Colorado Pest Control Association are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____