



Greater Houston Pest Control Association

"Leaders of Tomorrow" Scholarship Application 2020-2021

www.ghpca.org

greaterhoustonpca@gmail.com

DEADLINE FOR SUBMISSION IS APRIL 30, 2020

TWO (2) RECIPIENTS WILL BE ANNOUNCED IN JUNE, 2020

Student Name: _____
Date of Birth: _____
Home Address: _____
City: _____ State _____ Zip: _____
Phone: _____ Other Phone: _____
Email Address: _____

Parent/Guardian Information (If relevant)

Name: _____
Address: _____
City: _____ State _____ Zip: _____
Phone: _____ Other Phone: _____
Email Address: _____

Sponsoring Pest Control Company _____

Individual endorsing student: (Required)
Name: _____
Relationship to student: _____
Position within the sponsoring Pest Control Company _____
Phone #: _____ Email Address: _____

***Letter of recommendation required. Please attach to application.**

Academic Information (*post high school):

Grade Level for 2020-2021 Academic Year _____ (College Sophomore-minimum)
College GPA _____

Honors and Academic Awards:

Activities: Include leadership roles (clubs, organizations, athletics, professional, etc.)

(Attach additional sheet if needed)

*postsecondary: a reference to any education beyond high school.

Current College/University/Trade School Attending:

Major Field of Study: _____

Career Goal: _____

SUBMIT APPLICATION & ESSAY TO: greaterhoustonpca@gmail.com

All applications must include an essay containing **at least 250 and no more than 500 words** on the following topic: (Essay Required)

Think of a time when you, or a leader you know, “Challenged the Process.” Explain why that choice was made, and describe what happened. If you could go back, would you do anything differently? Explain why or why not.

Please take your time and proofread your essay. Spelling and Grammar are an important part of the scoring criteria.

The essay and sponsor letter must be included with the application.

I, _____, certify that all information in this scholarship application is true to the best of my knowledge. The Greater Houston Pest Control Association is authorized to verify any and all information in this application with the understanding that the information will remain confidential. I understand that any falsification or misrepresentation will result in my disqualification.

Applicant’s Signature: _____ Date: _____

Parent/Guardian Signature: (If Under 18 Years) _____ Date: _____



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