

B.O.G. Pest Control Scholarship

Name _____

Date of Birth ____ / ____ / ____ Phone Number (_____) _____ - _____

Permanent Address _____

City _____ State _____ Zip _____

Email _____

High School _____

Address _____

City _____ State _____ Zip _____

Name of Advisor _____

Cumulative High School GPA (4.0 scale) _____

SAT Score _____ ACT Score (Optional) _____

Intended Major: _____

University/College: _____

Address of Selected University/College _____

City _____ State _____ Zip _____

Anticipated Year of Graduation (bachelor's degree) _____

Professional organizations, work experience, extracurricular activities, etc (list format)
