

C. LAMAR MEEK MEMORIAL SCHOLARSHIP

Guidelines for Applicants

The Louisiana Mosquito Control Association (LMCA) will award a \$1,500 cash scholarship, to be called the C. Lamar Meek Memorial Scholarship, to one graduate student each year to promote and encourage research relating to mosquito biology or control. May 15th is the application deadline for this scholarship. The award is named after Dr. C. Lamar Meek, who for many years worked to strengthen the LMCA and educate both students and the community about medical and forensic entomology. He was a splendid educator and an accomplished researcher. The Scholarship will be awarded each year during the annual meeting of the LMCA.

The Recipient of the Scholarship must:

- 1) Be enrolled in an accredited college or university in the state of Arkansas, Louisiana, Mississippi, Oklahoma or Texas for the duration of the Scholarship.
- 2) Undertake research in the area of mosquito biology or control.
- 3) Submit an application for the Scholarship on the attached form.
- 4) The application will consist of:
 - a) A statement of career goals.
 - b) A research plan (5-page maximum).
 - c) Curriculum vitae, including current college transcripts.
 - d) A statement describing any other scholarship support.
 - e) Three letters of recommendation, including one from the student's major advisor.
- 5) Present a research report at the next annual meeting of the LMCA.

In addition to the Scholarship amount, the Recipient will be reimbursed for all reasonable travel expenses associated with travel to the annual meeting. All original travel receipts (airfare, food and lodging, etc.) must be submitted to the Chair of the Scholarship Committee. Reimbursement will be subject to approval by the Scholarship Committee.

Send completed applications and letters of recommendation to:

Dr. William H. Dees

Chair, LMCA Awards Committee
Department of Biology and Health Sciences
Box 92000 McNeese State University
Lake Charles, LA 70609

Application Form
C. LAMAR MEEK MEMORIAL SCHOLARSHIP

Name: _____ Date: _____

Current Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Date of Birth: _____ Place of Birth/Citizenship: _____

EDUCATION

List all post-secondary undergraduate and graduate education:

Institution	Location	Dates Attended	Degree Granted	Major/Minor

Honors and Awards (list when awarded): _____

Current scholarship support (list duration and amount of support): _____

Attach to this form:

- 1) A curriculum vitae or resume describing other educational and/or professional experience including publications and presentations.
- 2) Copies of transcripts from institutions listed above (need not be originals).
- 3) A statement of career goals (no more than one page).
- 4) A research plan of not more than five (5) pages.

Letters of recommendation should be sent directly to Dr. William H. Dees.