

Pennsylvania Society for Ornithology Annual Meeting Scholarship Program

In order to foster an interest in, and appreciation for birding and ornithology in Pennsylvania, each year the PSO will provide a scholarship for a person 18 years of age or younger OR an Undergraduate college student who wishes to attend the PSO annual meeting.

(You may not nominate someone without their knowledge or permission)



The person must be nominated by a current PSO member.



If the nominee is younger than 18, a parent, legal guardian, or a person designated by the parent or legal guardian, must accompany the young birder scholarship recipient to the Annual PSO Meeting.



PSO will pay the recipient's and accompanying adult's meeting registration, food (banquet, Saturday lunch, Saturday and Sunday breakfasts), lodging (up to 2 nights), and transportations costs to and from the meeting, and field trips.

In order to complete your nominations, please send this form to Shonah A. Hunter (shunter@lhup.edu), or by land mail to: Dr. Shonah A. Hunter, Department of Biological Sciences, ECSC 301 E. Church St., Lock Haven University, Lock Haven, PA 17745 by April 15, 2016. Selection will be conducted by a committee.

Name of Nominee: _____

Address: _____

Age _____ Birth Date _____ Nominee's Phone No. _____

Email address (print clearly): _____

If a college Undergraduate student, College Attending: _____

On a separate page, please describe the Nominee's Involvement with birding, providing as many details as possible.

Name of nominating PSO Member: _____ Phone No. _____

Email address: _____

Relationship (if any) to Nominee _____

If the nominee is younger than 18, the parent, legal guardian, or a person designated by the parent or legal guardian, must accompany the young birder scholarship recipient to the Annual PSO Meeting.

I understand that PSO is providing the scholarship for _____ to attend the annual meeting.
Youth's name (print)

I _____ will be accompanying him/her.
Parent/Legal Guardian name (print)

OR

I _____ cannot attend, but _____, my
Parent/Legal Guardian name (print) Designee's name (print)
designee will accompany him/her.

(Signature of Parent/Guardian)

(Date)