**Pennsylvania Society for Ornithology**

**2024 Annual Meeting Scholarship Program**

**Washington, Pennsylvania**

**May 31-June 2, 2024**

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

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. You may not nominate someone without their knowledge or permission.

PSO will pay the recipient’s and accompanying adult’s meeting registration, food (Saturday dinner, 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 nomination, please send the following information to Tony DeSantis (tgdesantis@yahoo.com) by March 15, 2024. Scholarship selection will be held by the PSO Education Committee.

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an undergraduate student, the college/university attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a separate page, please provide a nomination letter describing the Nominee’s involvement with birding, providing as many details as possible.

Name of nominating PSO Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_