

GMACC Agriculture Committee Scholarship 2024 Application

Scholarship Amount: 2 @ \$750

Deadline to Apply: March 15th, 2024

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Must be a graduating Senior

Eligibility Criteria:

• Must be attending a Secondary Education Institution and pursuing a degree in Agriculture

	Last		First	Middle Initial
Home Address				
Stre	eet	City	State	Zip
County	Phone		Date of E	Birth// Month/ Day /Year
Applicant Social Security	Number Last four digi	its ### ##		
Secondary School Attend	ding			
Major:1st		2nd		
High School Attended			City	State
Dependent students only	v. Parents' Name(s) &	Address(s)		



Please complete the following questionnaire. Please feel free to supply your answers on a separate sh

eet	of paper. To keep anonymity, please replace any names used in your answers.
1.	How does the field you are going into in post-secondary education relate to agriculture and what lead you to choose this path?
2.	Have you been involved in FFA/4-H? If yes, please explain. If no, please explain your involvement with agriculture.
3.	Tell us about an event or accomplishment that you are proud of & has helped shape you as a person.
4.	What is a mistake that you have made, and what/how did you learn from that mistake?



	AG COMMITTEE
5.	What are three personal attributes that you find important that can translate into the agricultural industry?
6.	What is a problem in your chosen field and how would you combat that problem?
7.	What changes have you seen in the agricultural industry and what changes do you see coming in the next 10 years?
8.	Tell us about your future plans.
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9. What role do you see agriculture playing in your community?
 If you have additional, unique information to include not already covered within your application that may assist the GMACC Ag Scholarship Committee in determining your eligibility for the Madison Chamber of Commerce Scholarship; please <u>briefly</u> include it on an attachment.
Optional: This information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses will in no way affect your application.
Required for Civil Rights/Affirmative Action reporting purposes (check all that apply): Gender: Female Male Ethnic Group/Race: White African American Asian Native American Hispanic Other
With my signature below, I hereby authorize Greater Madison Area Chamber of Commerce officials to release personal, educational, and financial application results that will assist the Ag Scholarship Committee in the awarding process in conjunction with my scholarship application. Statements supporting scholarship application will be maintained in accordance with the Family Educational Rights and Privacy Act and Gramm-Leach-Bliley Act.
SignatureDate
Return completed application to:

Greater Madison Area Chamber of Commerce

315 S. Egan Ave. | Madison, SD 57042 | Phone: 605.256.2454

Email completed application: office@chamberofmadisonsd.com