



GMACC Agriculture Committee Scholarship 2018-19 Application

Deadline to Apply: December 31st, 2018

Eligibility Criteria:

Scholarship Amount: \$500

- Must be a graduating Senior
- Must be attending a Secondary Education Institution and pursuing a degree in Agriculture
- Must be a member of the FFA

Student Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

County _____ Phone (H) _____ Date of Birth ____/____/____
Month/ Day /Year

Applicant Social Security Number Last four digits ### ## _____

FFA Instructor _____

Secondary School Attending _____

Major:1st _____ 2nd _____

High School Attended _____ City _____ State _____

Dependent students only: Parents' Name(s) & Address(s) _____



5. What are three things that you find important in your life that can translate into the agricultural industry?

6. How will your continued study of agriculture contribute to your immediate and long range career plans?

7. What part of agriculture drives you to pursue a higher education in this field?



8. What are two problems that you see agriculture facing today, and how would you combat these problems in your career?

9. Where do you think the agricultural industry is headed in the next 10 years?

10. By the year 2050 the world population is expected to reach almost 10 Billion people, what do you see as the most important factor in feeding this population?



11. Tell us YOUR future in the agricultural industry?

12. 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 briefly 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.

Signature _____ Date _____

Return completed application to:

Greater Madison Area Chamber of Commerce

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

Email completed application: coordinator@chamberofmadisonsd.com