

# MID-ATLANTIC CERTIFIED CROP ADVISERS

## Scholarship Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Names: \_\_\_\_\_  
Father Mother

References: 1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official  
Use Only

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ / \_\_\_\_\_

(on a scale of)

High School Activities: \_\_\_\_\_

College Attending: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

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

\_\_\_\_\_ Credits Earned: \_\_\_\_\_

Phone: \_\_\_\_\_ GPA (if applicable): \_\_\_\_\_

Activities: \_\_\_\_\_

Honor Awards (HS, College, Civic org.): \_\_\_\_\_

Other Scholarships Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Current Volunteer Activities: \_\_\_\_\_

Name of local paper: \_\_\_\_\_ May we notify them of award? yes \_\_\_ no \_\_\_

Where did you hear about the MACCA scholarship? \_\_\_\_\_

On a separate sheet, answer the following questions.

Background in agriculture including plant and soil sciences.

What are your career goals? How do you plan to use your education in furtherance of those goals?

Statement of financial need?

Why should you receive this scholarship?

What recent innovation in technology do you see having the biggest impact on agriculture in the future? What ideas do you have to increase adoption of this technology?

MACCA 123 Clay Drive, Queenstown, MD 21658

443-262-8491

(This form can be found at [www.midatlanticcca.org](http://www.midatlanticcca.org))