



GMACC Agriculture Committee Scholarship 2026 Application

Deadline to Apply: March 13th, 2026

Eligibility Criteria:

Scholarship Amount: 2 @ \$750

- **Must be a graduating Senior**
 - **Must be attending a Secondary Education Institution and pursuing a degree in Agriculture**
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Student Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

County _____ Phone _____ Date of Birth ____/____/____
Month/ Day /Year

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

Secondary School Attending _____

Major: 1st _____ 2nd _____

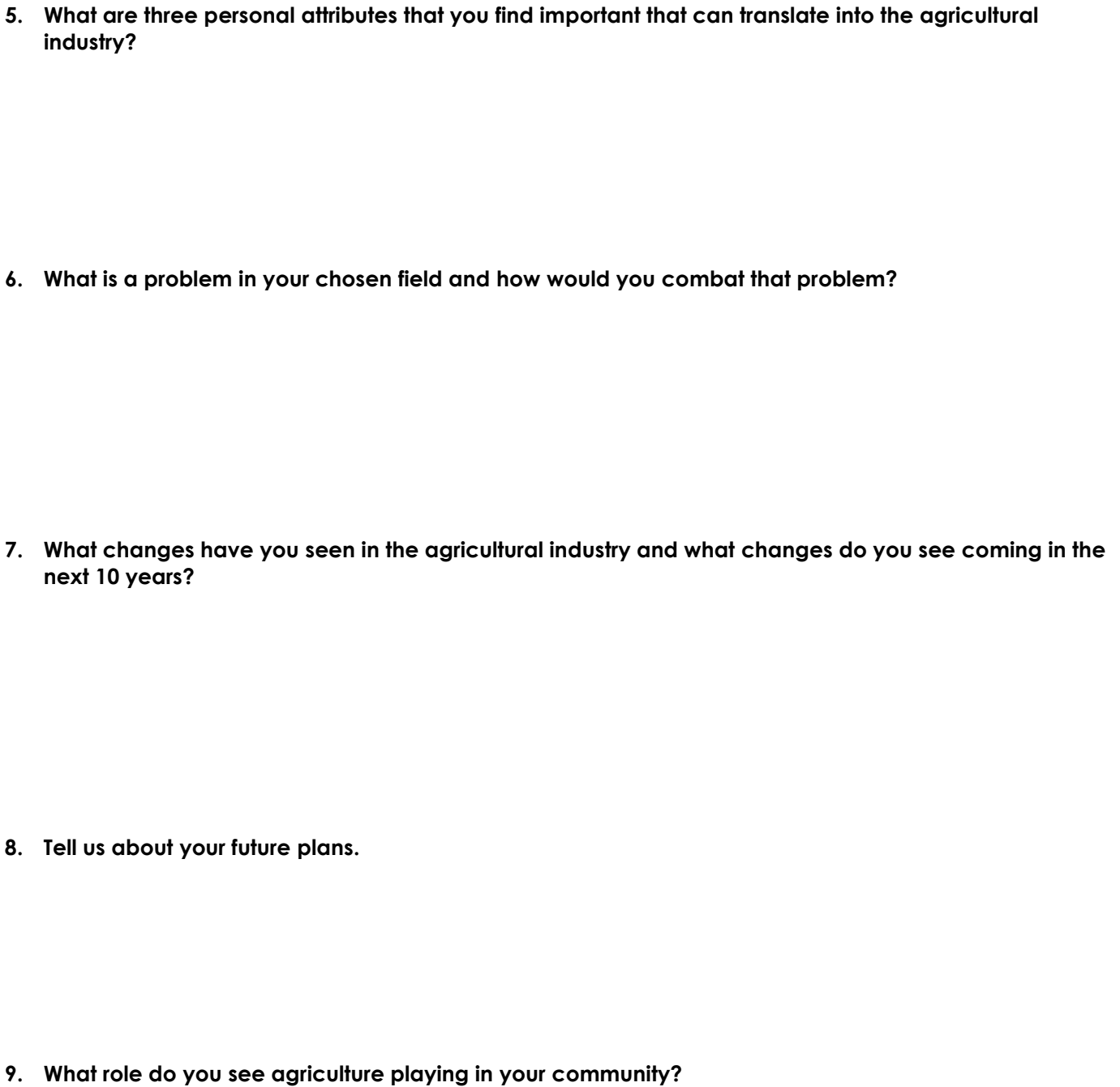
High School Attended _____ City _____ State _____

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



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





- *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: office@chamberofmadisonsd.com