Mid-Atlantic Certified Crop Adviser Program

118 Dundee Ave Chester, MD 21619 MidAtlanticCCA.org 443-262-8491

Name:

Mailing Address:

Phone Number:



2025 College Scholarship Application

Perso	nal Email Address:
Refere	ence Name:
	Email Address: Phone Number:
High S	School:
b.	Graduation Date: GPA: High School Activities:
Colleg	ge Attending:
d. e. f.	Date Accepted: Major/Minor: Credits Earned: GPA: College Activities:
Other	Awards/Honors:

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Other	Scholarship Received:	
Current Volunteer Activities:		
Name	of Local Paper:	
How o	did you hear about the MACCA Scholarship:	
Please answer the following questions:		
a.	Background in agriculture, including plant and soil sciences.	
b.	What are your career goals? How do you plan to use your education in furtherance	
	of those goals?	
C.	Statement of financial need.	
d.	Why should you receive this scholarship?	

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e. Essay: What benefits do you see by obtaining a CCA certification before entering the workforce? (500 words max)