



Michigan Agri-Business Association

www.miagbiz.org

1501 North Shore Drive, Suite A
East Lansing, Michigan 48823

Telephone (517) 336-0223
Fax (517) 336-0227

MICHIGAN AGRI-BUSINESS ASSOCIATION SCHOLARSHIPS

MABA Scholarships are authorized by the MABA Educational Trust to encourage post high school education at a college or university. The scholarships are for MABA members, children of members, employees of members, or those recommended by members.

Scholarships are available each semester, providing the student:

- Is enrolled in a minimum of 12 credits each semester.
- Maintains a satisfactory grade point average (3.0 or better).
- Is pursuing an agriculture related major and/or directly associated with the industry through family ties (employee of a member) or themselves working for a member.
- Successfully completes, or willing to complete, an internship with a MABA member.
- Provides two (2) letters of recommendation with the application (one must be from a MABA member).

Applications must be in the offices of the Michigan Agri-Business Association no later than June 1st (for Fall Semester), or October 1st (for Spring Semester).

The scholarship check will be sent to the address provided on the application, and made out to the student.

Recipients can receive the scholarship for a maximum of four (4) semesters.

Submit the completed application form and two letters of reference (one must be from a MABA member) by mail, email or FAX to:

Scholarship
Michigan Agri-Business Association
1501 North Shore Dr. Suite A
East Lansing, MI 48823
Email: maba@miagbiz.org
FAX – 1-866-829-3786

SCHOLARSHIP APPLICATION
MICHIGAN AGRI-BUSINESS ASSOCIATION

Date: ___ - ___ - ___

PERSONAL DATA

Name: _____ Age: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Married: Yes No

Number of Dependents: _____

Veteran: Yes No

Months in Services: _____

FAMILY DATA

Name (parent/guardian): _____

Occupation (parent/guardian): _____

Brothers: ___ Older ___ Younger

Sisters: ___ Older ___ Younger

EDUCATIONAL DATA

High School: _____

Graduation Date: _____ Grade Point Average: _____

College/University You plan to Attend: _____

Accepted Yes No

Proposed Major: _____

Accepted Yes No

Are you currently attending a College/University: Yes No Grade Point Average: _____

College/University: _____

Major: _____

Semester/Term Completed: _____ Graduation Date _____

(Educational Data Continued On Next Page)

Have you been enrolled in a College/University previous to this: Yes No

College/University: _____

Major: _____

Years Attended: _____ Graduation Date or Reason for Leaving: _____

EMPLOYMENT STATUS AND HISTORY

Employer: _____

Employment Length: _____ Type of Employment: _____

What is your current position with the business: _____

Responsibilities:

Employer: _____

Employment Length: _____ Type of Employment: _____

What is your current position with the business: _____

Responsibilities:

Employer: _____

Employment Length: _____ Type of Employment: _____

What is your current position with the business: _____

Responsibilities:

LEADERSHIP ACTIVITIES

Organizations/Activities in which you have participated

	Name of Organization	Years Member	Office Held	Awards
1.				
2.				
3.				
4.				

CAREER PLANS

Are you willing to work as an intern for a MABA member? Yes No

If so, who do you want to work for, where, and in what capacity?

What do you currently plan to do after graduation?

ADDRESS FOR MAILING

PERSONAL RECOMMENDATION

Recommendations should include information to verify and substantiate the applicants intent to enter the agri-business industry; character, integrity, and attitude toward agri-business; and qualifications for the scholarship award. It is suggested that persons selected for recommendations not be a member of your immediate family. Neighbors, counselors, teachers, and agri-business persons who know you are possible sources.

Two (2) Letters of Recommendation are required, with at least one (1) of the letters from a member of the Michigan Agri-Business Association, both should be submitted with the completed application.

NAMES OF PERSONS SUBMITTING RECOMMENDATIONS

1.

Name/Title:

Company/Address:

2.

Name/Title:

Company/Address:

Signature of Applicant: _____ Date: _____

Email Address: _____