



# Addison County Maple Sugarmakers Association

## Scholarship Application

### PURPOSE

To aid and promote young peoples' involvement in the maple industry with a yearly scholarship of \$500.00.

### ELIGIBILITY

Members of the Addison County Maple Sugarmakers Association, their families, and agricultural students at the Hannaford Career Center.

### USE OF SCHOLARSHIP FUNDS

To promote the maple sugarmaking industry, encourage entry into the maple industry, sales and marketing of maple or any related agricultural career.

### CRITERIA

- 1) Interest in the maple industry
- 2) Community and civic participation
- 3) Leadership roles in organizations
- 4) Limited to age 20 or younger

Proceed of the scholarship to be used directly for education or equipment associated with the maple industry.

### JUDGING

Each entry will be judged on merit of content as well as spelling, grammar, completion of thought, sentence structure, and overall quality of content. The judges reserve the right to ask applicants to rewrite applications if the application is not presentation quality.

### JUDGES

The judges include but are not limited to members of the ACMSA Board of Directors and past scholarship recipients.

### DEADLINE

Completed scholarship applications should be submitted no later than December 31 to

*ACMSA (c/o Claude Rainville)  
505 West Hill Rd  
Lincoln, VT 05443*

### QUESTIONS

Contact Barbara Rainville at [rainvb@wcvr.com](mailto:rainvb@wcvr.com) or 802-453-5797.

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Please complete the following items (1-8) on a separate piece of paper and submit with this signed acknowledgement.

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|--------------------|--|
| 1) Name            | 6) Your participation in community and civic activities                      |
| 2) Mailing Address | 7) Description of present and future goals in relation to the maple industry |
| 3) Telephone       | 8) How you intend to use the scholarship money                               |
| 4) Email           |  |
| 5) Age             |  |

I understand the scholarship requirements as stated above. I certify that I meet these requirements and wish to be considered for the Addison County Maple Sugarmakers Association Scholarship. I further certify that the information that I have provided is accurate and honest to the best of my knowledge.

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*Signature*

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*Date*