

2025 Mifflinburg Area Community Scholarship Trust (MACST) Scholarship Application  
This year **\$90,000** in scholarships will be awarded.

**MACST History:** In 1996, a small group of teachers, administrators and community members formed what is now known as the M.A.C.S.T., Inc. Our purpose is to offer scholarships to graduates of the Mifflinburg Area School District. Since 2010, **\$643,525** has been awarded in scholarships to **286** graduates.

**Qualifications:** To qualify for a scholarship, the applicant must be a member of the Class of 2025, planning to attend an accredited two or four-year institution or a trade school. **This application is used for all general MACST and Designated MACST Scholarships unless noted on our website.** Designated scholarships may have additional criteria stipulated by the donor. Additional information is listed on our website at [www.macst.org](http://www.macst.org). **Scholarships must be used within six years of high school graduation.** Scholarship funds will be forwarded to the appropriate financial office, **not the recipient.** Each recipient must promptly send his/her information to M.A.C.S.T., Inc. so funds can be applied to your tuition bill.

**Directions:** [April 15, 2025](#), is the application deadline.

The application is a PDF template that can be completed on the computer. Once completed, save and print your application. You have the option to complete your application as a black/blue ink copy.

**No additional pages or attachments may be added to the application. You may not change the size of any entry area.** By applying for one of the scholarships, you are agreeing to allow the Mifflinburg Area Community Scholarship Trust, Inc. to publish your name, photo, institution of higher learning, and your major in any broadcast, print, or electronic media.

The completed three-page application (Pages 1, 2, & 3) must be returned to the Guidance Office or mailed to Michael Miller by **April 15**.

Return to: **High School Guidance Office**

**Michael Miller  
604 Pinnacle Lane  
Mifflinburg, PA 17844**

**Selection Process:** Once your application is received, your GPA and class rank will be obtained from the Guidance Department and entered on page 2. The application number will be entered on all pages by the M.A.C.S.T. Inc. before pages 2 and 3 are given to the selection committee. The scholarship selection committee will have access only to pages 2 and 3. Page 1 is used by the board once the selection committee has awarded the scholarships. Follow the application directions.

If you have any questions or concerns, contact the high school guidance office in person or call them at 570-966-8254.

Mifflinburg Area Community Scholarship Trust, Inc.

# 2025 Mifflinburg Area Community Scholarship Trust Senior Application

Application Number\*: \_\_\_\_\_

\*(To be assigned by the M.A.C.S.T., Inc.)

Name \_\_\_\_\_  
Last First Middle Date of Birth

Preferred Name to be used for publication: \_\_\_\_\_

Permanent Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

email address: \_\_\_\_\_

School you plan to Attend: \_\_\_\_\_

Planned Major(s) or Degree: \_\_\_\_\_

Planned Minors if any: \_\_\_\_\_

Check all of the following items that apply

\_\_\_\_\_ Member of the Mifflinburg FFA Chapter during your Senior year

\_\_\_\_\_ Member of the Band during your Senior year

\_\_\_\_\_ Participated in a varsity sports team during your Senior year

\_\_\_\_\_ Member of the Wrestling team during your Senior year

\_\_\_\_\_ Member of the Field Hockey team during your Senior year

\_\_\_\_\_ Member of the Softball team during your Senior year

Parent or Guardian Names: \_\_\_\_\_

I certify that the information entered in this application is correct.

Signed: \_\_\_\_\_  
Signature

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

# Mifflinburg Area Community Scholarship Trust, Inc.

## Senior Scholarship Application

Please fill in all of your information completely. **Do not staple or add additional pages.** You may use a paper clip. **Altering the form will disqualify the application.**

Application Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant's GPA percentage \_\_\_\_\_ Class Rank \_\_\_\_\_ out of \_\_\_\_\_  
Other than the date, the above information will be completed by the Guidance Department or M.A.C.S.T. Inc.

Name of School you will be attending \_\_\_\_\_

Address of school you will be attending (if known) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Planned Curriculum: \_\_\_\_\_

Degree you plan to pursue \_\_\_\_\_

What are your career plans? Your career plans must be legible and only in the space provided.

In 100 words or less, why do you deserve consideration for one of the MACST Scholarships?

**Work Experience:** List your employment (summer, part-time, self employment) history for the past **three** years. Include your starting and ending dates, as well as skills and/or duties performed and average hours per week.

Dates	Employer	Employment Duties	Hours/Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

