2026 The Maschhoffs Impact Future Leaders Scholarship Application

For details, refer to The Maschhoffs Impact webpage.

Scholarships awarded to children & dependents of our employees and production partners.

* Required

Contact Information

1. First and last name *

2. What is your connection to The Maschhoffs? *

- ◯ Child/Dependent of Employee
- ◯ Child/Dependent of Production Partner

3. Birthday *

4. Phone Number *

5. Home Address *

6. College Address *

7. Please specify mailing address. *

- ◯ Home Address
- ◯ College Address

8. E-mail Address *

Education

9. What level of education are you pursuing? *

- ◯ Trade
- ◯ Associates
- ◯ Undergraduate
- ◯ Graduate
- ◯ Doctorate

10. Name of School *

11. College Major or Course of Study *

12. Grade in School *

13. Graduation Date *

Leadership & Activities

14. Please describe your future goals. *

15. Please describe your involvement in organizations and/or community activities both inside and outside of school. (Include leadership, awards, recognition, etc) *

Essay Questions (2,000 Character Maximum)

16. Tell us about a time when you had to keep others informed to assure a project or process was completed on time and at a high-level at school or work. *

Please enter at most 2000 characters

17. Please describe a time that you established a plan and set up measurements or metrics to determine the success or failure of the plan. *

Please enter at most 2000 characters

18. How do you intend to utilize this scholarship to make a meaningful impact, aligning with The Maschhoffs purpose and core values? *

Please enter at most 2000 characters

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The Maschhoffs Impact Donation & Match Application - 2026

For details, refer to The Maschhoffs Impact webpage.

Donation Program: Employee and partners use this form to request monetary donations in support of non-profit organizations.
Match Program: Employee and partners use this form to request a match for a monetary donation made to non-profit organizations.

* Required

1. First and Last Name *

2. Is this a match or a donation for the organization? *

- ◯ Donation
- ◯ Match

3. Name of Non-Profit Organization/Charity *

4. Describe why you wish to support org. *

5. How does this org. give back to our communities *

6. Member of org.? Length of involvement *

7. Purpose of Match/Gift *

8. Request Amount *

9. Address or Organization *

10. Phone # of Organization *

11. Email Address of Organization *

12. Organization Website *

13. Name for check *

14. Name/Address of whom to mail check to *

15. Will the provided volunteer day be used in conjunction with this request? (use of volunteer day is not required in conjunction with request, rather used to track our employee involvement) *

- ◯ No
- ◯ Yes

16. Please indicate if you are an Employee or a Production Partner. *

- ◯ Employee
- ◯ Production Partner

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The Maschhoffs Impact Grant Application - 2026

For details, refer to The Maschhoffs Impact webpage.

To assist with project funding, equipment needs, disaster relief and structural improvements or upgrades for community infrastructure (including community centers, parks, playgrounds), first responders, schools, and food insecurity programs (such as food banks) in the communities where we live, work, and conduct business.

* Required

Organization Information

1

Name of Organization (must match W-9; as shown on your income tax return) *

2

Organization Address *

3

Organization Website Address *

4

Name of Contact Person *

5

Contact Title / Affiliation with Organization *

6

Contact Phone Number *

7

Contact Email Address *

8

Brief summary of organization overview, history, mission, goals, etc. *

9

Community the Organization serves (City, State, County) *

Project Information

10

What category does your project fit into? **(Refer to website for more information - www.themachhoffs/community)** *

- ◯ Community Infrastructure
- ◯ Youth & Ag Education
- ◯ Food Insecurity
- ◯ Community Disaster Relief
- ◯ First responders, fire departments, EMS

11

Detail Project Description/Need and Current Status *

12

Date of (estimated) project start / completion date / launch *

13

How does the organization plan to maintain funding for the project if it is approved? *

Describe how the project fits with The Maschhoffs Impact. *

Feeding families and building communities

Project Funding Information

15

Total Building Project Budget *

16

Detail the current funding status of the project (not funded, seeking other funding, partially funded, etc.) *

17

Amount Requested from The Maschhoffs *

18

Enter the other funders supporting this project, the amount and whether committed or pending. (Ex. Funder: The Maschhoffs Amount: $1000 Status: Pending OR Committed) *

19

If chosen as a grant recipient, to whom and at what address should the payment be directed? *

20

How did you hear about this grant program? *

- [ ] Social Media
- [ ] Website
- [ ] Employee
- [ ] Production Partner
- [ ] Other

21

Additional comments or information to support the request

22

Form completed by and contact information (name, email, phone number) *

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The Maschhoffs Impact Unplanned Events Form - 2026

For details, refer to The Maschhoffs Impact webpage.

Unplanned events may include natural disasters, community recovery initiatives, health emergencies, or unforeseen illness/death. Program is for impacted employees and partners in communities we support, live, and do business in.

* Required

* This form will record your name, please fill your name.

1. Form Completed By: *

2. Email Address *

3. Is this request made for yourself or on behalf of another employee/partner? *

- ◯ This request is for myself, and I am an employee.
- ◯ This request is for myself, and I am a partner.
- ◯ This request is on behalf of another employee.
- ◯ This request is on behalf of another partner.

4. Unplanned Event Description *

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