

Esther Collon Good Samaritan Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Esther Collon Good Samaritan Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a senior student graduating Unionville-Area Schools who is pursuing post-secondary education in the field of health care. Health care careers can include home health care aide, licensed practical nurse, registered nurse, physician's assistant, physician or related health practitioner fields of study. Special consideration will be given to students who have demonstrated that they are caring individuals through participation in extra-curricular activities that involve work with people who need assistance.**

2. Applications and required attachments must be **postmarked by March 15, 2025 to:**

**Unionville-Sebewaing Area Schools – Guidance Office
Esther Collon Good Samaritan Scholarship
2203 Wildner Road
Sebewaing, MI 48759**

3. Applications are to be typed or legibly printed in ink and must be signed by applicant. Applications not signed will not be considered.
4. Submit the **original application and one official high school transcript along with four (4) copies of each (including letter of recommendation and any attachments)**. Please have original printed single sided and no staples.
5. Letters of recommendation may be submitted. **If submitted, the original and four (4) copies of each letter is/are to be included with the application material.**
6. Attach to the application **and each of the four (4) copies of the application** an essay (not to exceed two (2) typewritten pages, double-spaced, 12-point font) addressing the following:
 - a. Why do you merit this award?
 - b. What person or situation had the greatest impact on your life? Explain.
 - c. What do you expect to be doing in five to eight years?

SCHOOL & COMMUNITY ACTIVITIES

Using only the space below, list extracurricular, community and religious activities in which you have participated during the past 4 years. **Please list them in order of importance to you.**

Activity	Num. of Years	Leadership Positions, Awards and Recognitions

WORK EXPERIENCE

Using only the space below, please list your paid work experience during the past four years, beginning with your most recent positions.

Employer	Nature of Work	Dates of Employment	Hrs./Week

CERTIFICATION

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. I consent to having my name and image likeness included in public/media releases. If under 18, parent/guardian must also sign.

Applicant's Signature

Date

Parent/Guardian Signature (if applicable)

Date