## **Tuscola County**

community foundation

For good. For ever.º

#### Betty E and Melvin R Eckfeld Scholarship Application

Instructions for Scholarship Application

- 1. The attached application is to be used for the Betty E and Melvin R Eckfeld Scholarship offered through the Tuscola County Community Foundation. One (1) \$500 scholarship is available to be awarded to a high school student graduating from or having graduated from Unionville-Sebewaing Area Schools, Akron-Fairgrove Community Schools or Caro Community Schools, who is pursuing a career requiring post-secondary institution and has maintained a GPA of 3.0 or greater.
- 2. The preferred field of study is teacher education programs, including its many aspects. The scholarship award shall be distributed to the post-secondary institution selected by the scholarship recipient.
- 3. Applications and required attachments must be postmarked by March 15, 2025:

Tuscola County Community Foundation Betty E and Melvin R Eckfeld Scholarship P.O. Box 534 Caro, MI 48723

- 4. Applications are to be typed or legibly printed in ink and must be signed by the applicant. Applications not signed will not be considered.
- 5. Submit the original application and one official high school transcript along with four (4) copies of each (including letters of recommendation and any attachments). Please have original printed single sided and no staples.
- 6. Attach to the application and each of the four (4) copies of the application a one-page essay (double-spaced, 12-point font) addressing personal and educational goals in the next five (5) years.



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# **Betty E and Melvin R Eckfeld Scholarship Application**

## **APPLICANT INFORMATION**

Name:					
Last	First	Middle			
Permanent Address:	City				
Street	City	State Zip	1		
Date of Birth:	Email:				
Telephone:	Tuscola County Resident:	Yes	No		
List your grade point average using a 4-pt. scale:	ACT / SAT Se	core:			
High School:	Graduation Date: _				
FAMILY INFORMATION					
Name of parent/guardian:	Occupation				
Address:Street	City	State	Zip		
Succi	City	State	Zip		
Name of parent/guardian:	Occupation				
Address:Street					
Street	City	State	Zip		
Post-secondary school you are planning to attend	:				
Full-time student?YesNo	If no, number of credits:				
Major field of study:					
How is your post-secondary education being fina	nced?				
Please list scholarships applied for:					
Please list scholarships granted and amounts:					

### **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	Les Awai	adership Positions, rds and Recognition	ns
ORK EXPERIENCE				
VORK EXPERIENCE Using only the space below, please list with your most recent positions.	-			
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Employer  ERTIFICATION  hereby affirm that the information proposed and the space below, please list ith your most recent positions.	Nat	orm is accurate an	Dates of Employment	Hrs./Weel
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