



THE JAN CARSON MEMORIAL SCHOLARSHIP FUND

Instructions for Scholarship Application

1. The attached application is to be used for the **Jan Carson Memorial Scholarship Fund** Scholarship offered through the Tuscola County Community Foundation. One (1) \$500 scholarship, non-renewable. **This scholarship is available to a graduating Unionville-Sebewaing High School senior with a GPA of 3.0 or higher with financial need. Student must be pursuing full-time post-secondary education with demonstrated academic ability, leadership and achievement.**
2. The scholarship award shall be distributed to the post-secondary institute selected by the scholarship recipient.
3. Application and required attachments must be **postmarked by March 15, 2025, to:**

**Unionville-Sebewaing Area Schools – Guidance Office
Jan Carson Memorial Scholarship Fund
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 letter of recommendations and any attachments)**. Please have original printed single sided and no staples.



JAN CARSON MEMORIAL SCHOLARSHIP FUND APPLICATION

APPLICANT INFORMATION

Name: Last First Middle

Permanent Address: Street City State Zip

Date of Birth: Email:

Telephone: Grade point average using a 4-pt. scale:

High School: Graduation Date:

FAMILY INFORMATION

Name of parent/guardian: Occupation

Address: Street City State Zip

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Post-secondary school you are planning to attend:

Have you been accepted at this school? Yes No

Full-time student? Yes No If no, number of credits:

Major field of study:

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	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