### **Tuscola County**

community foundation

For good. For ever.

### **Patricia Krol Memorial Scholarship Application**

Instructions for Scholarship Application

- 1. The attached application is to be used for the Patricia Krol Memorial Scholarship offered through the Tuscola County Community Foundation. One (1) \$1,250 scholarship is available to a female senior student graduating from Cass City High School who has demonstrated financial need and is pursuing a college degree. Special consideration will be given to applicants majoring in the field of business.
- 2. Applications and required attachments must be postmarked by March 15, 2025:

Tuscola County Community Foundation Patricia Krol Memorial Scholarship P.O. Box 534 Caro, MI 48723

- 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? Keep your education and career goals in mind.

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# **Patricia Krol Memorial Scholarship Application**

Instructions for Scholarship Application

#### **APPLICANT INFORMATION**

Permanent Address:  Street  City  State  Zip  Date of Birth:  Telephone:  Tuscola County Resident:  Yes  List your grade point average using a 4-pt. scale:  High School:  Graduation Date:  FAMILY INFORMATION				
Date of Birth: Email: Tuscola County Resident: Yes List your grade point average using a 4-pt. scale: ACT / SAT Score: High School: Graduation Date: FAMILY INFORMATION  Name of parent/guardian: Occupation Address: Street	iddle			
Date of Birth: Email: Tuscola County Resident: Yes List your grade point average using a 4-pt. scale: ACT / SAT Score: High School: Graduation Date: FAMILY INFORMATION  Name of parent/guardian: Occupation Address: Street				
Telephone: Tuscola County Resident:Yes	)			
List your grade point average using a 4-pt. scale: ACT / SAT Score:  High School: Graduation Date:  FAMILY INFORMATION  Name of parent/guardian: Occupation  Address: Street City State Zip  Name of parent/guardian: Occupation  Address: Street City State Zip  Post-secondary school you are planning to attend:  Full-time student? Yes No If no, number of credits:  Major field of study:				
High School:	No			
Name of parent/guardian:OccupationAddress:Street				
Name of parent/guardian:Occupation	Graduation Date:			
Address:  Street  City  State  Zip  Name of parent/guardian:  Address:  Street  City  State  Zip  Post-secondary school you are planning to attend:  Full-time student?  Yes  No  If no, number of credits:  Major field of study:				
Name of parent/guardian:Occupation  Address:	Occupation			
Name of parent/guardian:Occupation  Address:				
Address:  Street  City  State  Zip  Post-secondary school you are planning to attend:  Full-time student?  Yes  No  If no, number of credits:  Major field of study:				
Post-secondary school you are planning to attend:				
Post-secondary school you are planning to attend:  Full-time student?YesNo				
Full-time student?YesNo If no, number of credits:  Major field of study:				
Major field of study:				
How is your post-secondary education being financed?				
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 Recognition		
WORK EXPERIENCE				
Using only the space below, please list with your most recent positions.	st your paid work experience	during the past four years	, beginning	
Employer	Nature of Work	Dates of Employment	Hrs./Week	
CEDITIEL CATION				
hereby affirm that the information p				
CERTIFICATION  Thereby affirm that the information proportion of the consent to having my not be a sign.				
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