



Shifters of Vassar Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Shifters of Vassar Scholarship Fund** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a graduating senior from a school in the Tuscola Intermediate School District, parochial school student, home school student and/or Tuscola County resident attending an accredited high school outside Tuscola County** who is pursuing a career requiring post-secondary education.
2. **The applicant plans to enroll in a post-secondary education program in an automotive technician, auto body, or automotive related program leading to certification, 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 to:**

**Tuscola County Community Foundation
Shifters of Vassar Scholarship Fund
P.O. Box 534
Caro, MI 48723**

4. Applications are to be typed (12-point font) 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.
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.



For good. For ever.®

Shifters of Vassar Scholarship Application

APPLICANT INFORMATION

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Date of Birth: _____ Email: _____

Telephone: _____ Tuscola County Resident: _____ Yes _____ No

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: _____

How is your post-secondary education being financed? _____

Please list scholarships applied for:

Please list scholarships granted and amounts:

