## **Tuscola County**

community foundation

For good. For ever.\*

## **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.
- 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.

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# Shifters of Vassar Scholarship Application

## **APPLICANT INFORMATION**

Name:					
Last	First	Middle			
Permanent Address:	City				
Street	City	State Zip			
Date of Birth:	Email:				
Telephone:	Tuscola County Resident:	cola County Resident:Yes			
List your grade point average using a 4-pt. scale:	ACT / SAT So	core:			
High School:	Graduation Date:				
FAMILY INFORMATION					
Name of parent/guardian:	Occupation				
Address:	City	State	Zip		
Sireet	Сцу	State	Zīp		
Name of parent/guardian:	Occupation				
Address:					
Address:Street	City	State	Zip		
Post-secondary school you are planning to attend:					
Full-time student?YesNo I	If no, number of credits:				
Major field of study:					
How is your post-secondary education being finan	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	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