



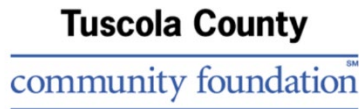
## **Bob & Lois Moore Memorial Scholarship Application Automotive Industry**

### **Instructions for Scholarship Application**

1. The attached application is to be used for the **Bob & Lois Moore Memorial Scholarship – Automotive Industry** offered through the Tuscola County Community Foundation. **One (1) \$1,000 scholarship is available to be awarded to a senior student graduating from Caro High School who plans to pursue a career requiring post-secondary education (college, university, technical, etc.) in an automotive related field. The scholarship award will be distributed to the post-secondary school.**
2. Applications and required attachments must be **postmarked on or before March 15, 2026:**

**Tuscola County Community Foundation  
Bob & Lois Moore Memorial Scholarship - Auto  
P.O. Box 534  
Caro, MI 48723**

3. Applications are to be typed or legibly printed in ink and must be signed by the applicant. Unsigned applications will not be considered.
4. **Submit the application, one official high school transcript, letter(s) of recommendation and essay. All submitted materials must be single-sided and not stapled.**
5. Two letters of recommendation must be submitted.
6. Attach to the application an essay (not to exceed two (2) typed pages, double-spaced, 12-point font, single-sided and not stapled) addressing the following:
  - Why do you merit this award?
  - What person or situation had the greatest impact on your life? Explain.
  - What do you expect to be doing in five to eight years?  
Keep your education and career goals in mind.



For **good**. For **ever**.®

**Bob & Lois Moore Memorial Scholarship Application**  
**Automotive Industry**

**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: \_\_\_\_\_

First generation post-secondary attendee in your family? \_\_\_\_\_ Yes \_\_\_\_\_ No

**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? \_\_\_\_\_

_____ % Parents	_____ % Scholarships	_____ % Savings
_____ % Work	_____ % Loans	_____ % Other

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