



Dr. Bruce J. Dunn Memorial Scholarship

Instructions for Scholarship Application

1. The attached application is to be used for the **Dr. Bruce J. Dunn Memorial Scholarship** offered through the Tuscola County Community Foundation. **Two (2) \$1,000 scholarships are available to be awarded to two students who attend a school in the Tuscola Intermediate School District service area and are residents of Tuscola County.** The scholarship award will be paid directly to the post-secondary school.
2. Application and required attachments must be **postmarked on or before March 15, 2026:**

**Tuscola County Community Foundation
Dr. Bruce J. Dunn 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 the applicant. Unsigned applications will not be considered.
4. **Submit the application, one official high school transcript, letters of recommendation and essay. All submitted materials must be single-sided and not stapled.**
5. Two (2) letters of recommendation must be submitted with application (Copy of recommendation letter found below).
6. Attach an essay about you, your life and your plans for the future. Include motivating factors, important experiences, accomplishments, persons, events, classes, or hobbies which have helped shape your personal philosophy and goals (not to exceed two (2) typed pages, double spaced, 12-point font, single sided, not stapled).



Dr. Bruce J. Dunn Memorial Application

APPLICANT INFORMATION

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Date of Birth: _____

Telephone: _____ Email: _____

GPA (using a 4 point scale): _____ ACT / SAT score: _____

High School: _____ Graduation Date: _____

List the colleges or post-secondary institution to which you have formally applied. Note if accepted or application is still pending.

Post-Secondary Institution:	Date Applied:	Accepted/Pending:
_____	_____	_____

Post-Secondary Institution	Date Applied:	Accepted/Pending:
_____	_____	_____

Post-Secondary Institution	Date Applied:	Accepted/Pending:
_____	_____	_____

Describe your planned course of study.

What are your career objectives?

FAMILY INFORMATION: (Provide the following information where applicable.)

Name of parent/guardian: _____ Occupation: _____

Address: _____
Street City State Zip

Name of parent/guardian: _____ Occupation: _____

Address: _____
Street City State Zip

Sibling Name Age

Sibling Name Age

Sibling Name Age

Sibling Name Age

Sibling Name Age

How is your post-secondary education being financed?

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

List scholarships applied for: _____

List scholarship amounts awarded to date: _____

Note any unusual family, personal or financial circumstances you would like to have considered. (If more room is needed, please type on separate sheet and attach double spaced, no greater than 1 page.)

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

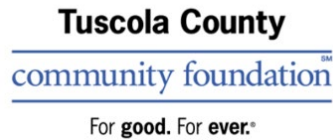
I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. I consent to having my name and image likeness included in public/media releases. If under 18, parent/guardian must also sign.

Applicant's Signature

Date

Parent/Guardian Signature (if applicable)

Date



Dr. Bruce J. Dunn Memorial Scholarship
Personal Recommendation

You have been asked to provide information in support of the below named individual who is applying for a scholarship. In fairness to the applicant, we ask that you give immediate and serious attention to this appraisal.

Student's Name: _____

What is your relationship to the applicant: _____

What qualities and characteristics does the applicant have which will equip him/her for the demands of post-secondary education?

What three adjectives best broadly describe the applicant?

As the Scholarship Committee reviews this application, what factors or circumstances do you feel warrant special consideration?

Other Comments: (Attach a separate page if needed)

Name: _____ Title: _____

Address _____ Phone: _____