



## Dr. Donald and Marlys Carr Scholarship Application

### Instructions for Scholarship Application

1. The attached application is to be used for the **Dr. Donald and Marlys Carr Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a senior student graduating from Caro High School who plans to attend a post-secondary education program to pursue studies in a Human Services area such as: Mental Health, Psychology or Social Work.** 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  
Dr. Donald and Marlys Carr Scholarship  
P.O. Box 534  
Caro, MI 48423**

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. Letters of recommendation may 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.



## Dr. Donald and Marlys Carr 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:  
\_\_\_\_\_  
\_\_\_\_\_

## 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.**

## 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**

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Date

Parent/Guardian Signature (if applicable)

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Date