



## Betty E. and Melvin R. Eckfeld Scholarship Application

### Instructions for Scholarship Application

1. The attached application is to be used for the **Betty E. and Melvin R. Eckfeld Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a high school student graduating from one of the following schools: Akron-Fairgrove Schools or Caro Community Schools, Unionville-Sebewaing Area Schools** who is pursuing a career requiring post-secondary education and has maintained a GPA of 3.0 or greater. The preferred field of study is teacher education program. The scholarship award will be distributed to the post-secondary school.
2. Application and required attachments must be **postmarked on or before March 15, 2026**:

**Tuscola County Community Foundation**  
**Betty E. and Melvin R. Eckfeld 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 and essay. All submitted materials must be single sided and not stapled.**
5. Attach to the application a one-page essay (double-spaced, 12-point font, single-sided, not stapled) addressing your personal and educational goals in the next five (5) years.

**Tuscola County**  
community foundation<sup>SM</sup>

For good. For ever.<sup>®</sup>

**Betty E. and Melvin R. Eckfeld 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:

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Please list scholarships granted and amounts:

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## 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)

Date