



Olaf A. Goodell Scholarship Application

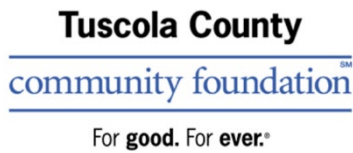
Instructions for Scholarship Application

1. The attached application is to be used for the **Olaf A. Goodell Scholarship** offered through the Tuscola County Community Foundation. **Up to seven (7) \$1,000 scholarships are available to be awarded to senior students graduating from a high school in the Tuscola Intermediate School District service area who plan to enter a career within a medical field.** The scholarship awards shall be distributed to the post-secondary institution selected by the scholarship recipients.
2. Application and required attachments must be **postmarked on or before March 15, 2026:**

**Tuscola County Community Foundation
Olaf A. Goodell Scholarship
P.O. Box 534
Caro, MI 48723**

Applicants must be seniors pursuing a career within a medical field.

3. The scholarship application is to be typed (12 point font) 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 typed pages, double-spaced, 12-point font, 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.



Olaf A. Goodell 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.**

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