



Libby Treiber Memorial Scholarship

Instructions for Scholarship Application

1. The attached application is to be used for the **Libby Treiber Memorial Scholarship** offered through the Tuscola County Community Foundation. One (1) \$1,000 scholarship is available to be awarded to a senior student graduating from Unionville-Sebewaing Area High School. Applicants must be planning to enroll in a post-secondary education program (including universities, community colleges, trade/vocational schools, apprenticeship programs, etc.). Applicants who demonstrate financial need and document community service will receive preference. The scholarship award will be distributed to the post-secondary school.

2. Applications and required attachments must be **postmarked by March 15, 2026:**

**Tuscola County Community Foundation
Libby Treiber 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, letter(s) or recommendation and essay. All submitted materials must be single sided and not stapled.**
5. Letters of recommendation may be submitted.
6. Please submit an essay addressing the following questions (not to exceed two (2) typed pages, double-spaced, 12-point font, single sided and not stapled):
 - Describe an experience in high school when you felt you made a difference.
 - List three (3) important people /things in your life and why they are important.
 - What USA school employee has made a difference in your life to pursue further education/training and why?
 - What are your future goals? Include what motivates you to pursue your chosen career.
 - Where do you see yourself in five (5) years?

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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: _____ High School: _____

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 faith-based 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