

NEAL SISTERS SCHOLARSHIP FUND

Instructions for Scholarship Application

1. The attached application is to be used for the Neal Sisters Scholarship Fund offered through the Tuscola County Community Foundation. Three (3) \$2,000 scholarships will be awarded to **graduating Caro High School seniors who have taken a foreign language, have demonstrated social and civic involvement and are pursuing post-secondary education.** 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
Neal Sisters Scholarship Fund
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) of recommendation and essay. All submitted materials must be single-sided and not stapled.**

5. Provide an essay (no longer than 2 pages, double-spaced, 12 font, single-sided and not stapled) addressing one (1) of the following:
 - How do you think your education will help you to pursue your future goals?
 - What is the most important insight you gained in your years at Caro Community Schools?
 - In what way(s) do you think that your education can help to improve the human condition?
 - Do you think that your education has enabled you to understand and respond to diversity (i.e. people of other ethnicities, races, religions cultures etc.)?

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.**

Foreign Language Class Taken	Year(s)	Awards and Recognitions (if applicable)
School or Community 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