



## Shifters of Vassar Scholarship Application

### Instructions for Scholarship Application

1. The attached application is to be used for the **Shifters of Vassar Scholarship Fund** offered through the Tuscola County Community Foundation. **One (1) \$1,000 scholarship is available to be awarded to a graduating senior from a school in the Tuscola Intermediate School District service area, parochial school, home schooled student and/or Tuscola County resident attending an accredited high school outside Tuscola County** who is pursuing a career requiring post-secondary education.
2. **The applicant plans to enroll in a post-secondary education program in an Automotive Technician, Auto Body, or Automotive Related program leading to certification, including its many aspects.** The scholarship award will be distributed to the post-secondary school.
3. Application and required attachments must be **postmarked on or before March 15, 2026:**

**Tuscola County Community Foundation  
Shifters of Vassar Scholarship Fund  
P.O. Box 534  
Caro, MI 48723**

4. Applications are to be typed or legibly printed in ink and must be signed by the applicant. Unsigned applications will not be considered.
5. **Submit the application, one official high school transcript and essay. All submitted materials must be single-sided and not stapled.**
6. Attach to the application a one-page essay (double-spaced, 12-point font, single-sided and not stapled) addressing personal and educational goals for the next five (5) years.

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

For good. For ever.<sup>®</sup>

## Shifters of Vassar 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**

---

Date

Parent/Guardian Signature (if applicable)

Date