

TUCKER SCHUMACHER MIRACLE SCHOLARSHIP FUND APPLICATION

Instructions for Scholarship Application

1. The attached application is to be used for the Tucker Schumacher Miracle Scholarship Fund offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship, non-renewable scholarship is available to a graduating Reese High School senior with a GPA of 3.0 or better who is pursuing post-secondary education in a medical and/or health related field.** The scholarship award shall 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
Tucker Schumacher Miracle 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. Attach to the application a brief essay (not to exceed two (2) typed pages, double-spaced, 12-point font, single-spaced and not stapled) addressing the following:
 - Please discuss the medical field that you will be pursuing and education in.
 - Why you are pursuing this career?
 - How you feel you may possibly make a difference in this field.



TUCKER SCHUMACHER MIRACLE SCOLARSHIP FUND SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name: _____
Last _____ First _____ Middle _____

Permanent Address: _____
Street _____ City _____ State _____ Zip _____

Date of Birth: _____ Email: _____

Telephone: _____ Grade point average using a 4-pt. scale: _____

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: _____

Have you been accepted at this school? _____ Yes _____ No _____

Full-time student? _____ Yes _____ No _____ If no, number of credits: _____

Major field of study: _____

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