



## **DOROTHY VAN ALLEN SCHOLARSHIP**

### **Instructions for Scholarship Application**

1. The attached application is to be used for the Dorothy Van Allen Scholarship offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship** will be awarded to a **senior student graduating from Caro High School pursuing a post-secondary career in the field of 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  
Dorothy VanAllen 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 and one official high school transcript.**



## DOROTHY VAN ALLEN 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:

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Please list scholarships granted and amounts:

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## 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