

Ralph & Marceline Bublitz Scholarship for Registered Nurses Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Ralph & Marceline Bublitz Scholarship for Registered Nurses** offered through the Tuscola County Community Foundation.

One (1) \$1,000 scholarship is available to be awarded to a student graduating from a school in the Tuscola Intermediate School District (Akron-Fairgrove, Cass City, Caro, Kingston, Mayville, Millington, Reese, Vassar and Unionville-Sebewaing) service area in the past 5 years who is currently enrolled at either Delta College's or Saginaw Valley State University's - Registered Nurse/School of Nursing program.
The scholarship award is distributed directly to the post-secondary school.

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

**Tuscola County Community Foundation
Ralph & Marceline Bublitz Scholarship for Registered Nurses
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 college transcript, letter(s) of recommendation and essay. All submitted materials must be single sided and not stapled.**
5. Letters of recommendation may be submitted.
6. Attach to the application an essay (not to exceed two (2) typed pages, double-spaced, 12-point font, single sided and not stapled) addressing the following:
 - Tell about an experience in college when you felt you made a difference.
 - What are your future goals? Include what motivates you to pursue a career in nursing.
 - Describe how you are financing your education.
 - Where do you see yourself in five years?

Tuscola County
community foundationSM

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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 college grade point average using a 4-pt. scale: _____

High School: _____ Graduation Date: _____

Enrolled at Delta College: _____ Saginaw Valley State University _____

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

Admitted to School of Nursing: _____ Yes _____ No _____ Date _____
Please attach letter of acceptance.

FAMILY INFORMATION

Name of parent/spouse: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Name of parent: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

How is your post-secondary education being financed? _____

| | |
|-----------------|----------------------|
| _____ % Parents | _____ % Scholarships |
| _____ % Savings | _____ % Work |
| _____ % Loans | _____ % Other |

Please list any current scholarships

| Name of Scholarship | Amount | Renewable |
|---------------------|--------|-----------|
| | | |
| | | |
| | | |
| | | |

Have you applied for any additional scholarships? _____

SCHOOL & COMMUNITY ACTIVITIES

Using only the space below, list extracurricular, community and religious activities in which you have participated during the past 5 years. **Please list them in order of importance to you.**

| Activity | Num. of Years | Leadership Positions, Awards and Recognitions |
|----------|---------------|---|
| | | |
| | | |
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| | | |
| | | |

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.

Applicant's Signature

Date