



## **Dr. Bruce J. Dunn Memorial Scholarship**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Dr. Bruce J. Dunn Memorial Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$1,000 scholarship is available to be awarded to one student who attends a school in the Tuscola Intermediate School District and is a resident of Tuscola County.** The scholarship award will be paid directly to the post-secondary institution.

2. Applications and required attachments must be **postmarked by March 15, 2024, to:**

**Tuscola County Community Foundation  
Dr. Bruce J. Dunn Memorial Scholarship  
P.O. Box 534  
Caro, MI 48723**

3. Applications are to be typed or legibly printed in ink and must be signed by applicant. Applications not signed will not be considered.

4. Submit the **original application and one official high school transcript along with five (5) copies of each (including letter of recommendation and any attachments).** Please have original printed single sided and no staples.

5. Two (2) letters of recommendation **MUST** be submitted with application (Copy of recommendation letter found below).

6. Attach an essay about you, your life and your plans for the future. Include motivating factors, important experiences, accomplishments, persons, events, classes, or hobbies which have helped shape your personal philosophy and goals (not to exceed two (2) typewritten pages, double spaced, 12-point font).



# Dr. Bruce J. Dunn Memorial Application

## Instructions for Scholarship Application

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

GPA (using a 4 point scale): \_\_\_\_\_ ACT / SAT score: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**List the colleges or post-secondary institution to which you have formally applied. Note if accepted or application is still pending.**

Post-Secondary Institution: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Accepted/Pending: \_\_\_\_\_

Post-Secondary Institution: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Accepted/Pending: \_\_\_\_\_

Post-Secondary Institution: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Accepted/Pending: \_\_\_\_\_

**Describe your planned course of study.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your career objectives?**

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION:** (Provide the following information where applicable.)

Name of parent/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name of parent/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

How is your post-secondary education being financed?

\_\_\_\_\_ % Parents      \_\_\_\_\_ % Scholarships      \_\_\_\_\_ % Saving  
\_\_\_\_\_ % Work      \_\_\_\_\_ % Loans      \_\_\_\_\_ % Other

List scholarships applied for:

\_\_\_\_\_  
\_\_\_\_\_

List scholarship amounts awarded to date:

\_\_\_\_\_  
\_\_\_\_\_

Note any unusual family, personal or financial circumstances you would like to have considered. (If more room is needed, please type on separate sheet and attach double spaced, no greater than 1 page.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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



**Dr. Bruce J. Dunn Memorial Scholarship**  
**Personal Recommendation**

You have been asked to provide information in support of the below named individual who is applying for a scholarship. In fairness to the applicant, we ask that you give immediate and serious attention to this appraisal.

Student's Name: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

What qualities and characteristics does the applicant have which will equip him/her for the demands of post-secondary education?

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What three adjectives best broadly describe the applicant?

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As the Scholarship Committee reviews this application, what factors or circumstances do you feel warrant special consideration?

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Other Comments: (Attach a separate page if needed)

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_