



Scears Foundation of Akron, Michigan Scholarship Application

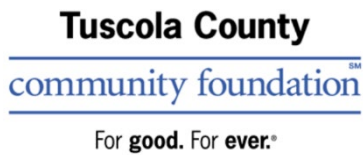
Instructions for Scholarship Application

1. The attached application is to be used for the **Scears Foundation of Akron, Michigan Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$400 scholarships is available to be awarded to a senior student from Caro High School who plans to enter a career within the field of education.**
2. Applications and required attachments must be **postmarked by March 15, 2024:**

**Tuscola County Community Foundation
Scears Foundation of Akron, Michigan Scholarship
P.O. Box 534
Caro, MI 48723**

Applicants must have maintained a high school GPA of 3.00 or higher on a 4-point scale. This scholarship is non-renewable.

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 seven (7) copies of each (including letter of recommendation and any attachments)**. Please have original printed single sided and no staples.
5. Letters of recommendation may be submitted. **If submitted, the original and seven (7) copies of each letter is/are to be included with the application material.**
6. Attach to the application **and each of the seven (7) copies of the application** an essay not to exceed two (2) typewritten pages, double-spaced 12-point (font) addressing the following:
 - a. Why do you merit this award?
 - b. What person or situation had the greatest impact on your life? Explain.
 - c. What do you expect to be doing in five to eight years? Keep your education and career goals in mind.



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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: _____

Post-secondary institution you are planning to attend: _____

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

Name of parent/guardian: _____

Address: _____
Street City State Zip

Parents Occupation: _____

Name of parent/guardian: _____

Address: _____
Street City State Zip

Parents Occupation: _____

How is your post-secondary education being financed?

List scholarships applied for: _____

List scholarship amounts awarded to date: _____

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