

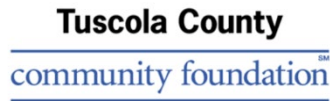
Shifters of Vassar Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Shifters of Vassar Scholarship Fund** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a graduating senior from a school in the Tuscola Intermediate School District, parochial school student, home school student and/or Tuscola County resident attending an accredited high school outside Tuscola County** who is pursuing a career requiring post-secondary education.
2. **The applicant plans to enroll in a post-secondary education program in an automotive technician, auto body, or automotive related program leading to certification, including its many aspects.** The scholarship award shall be distributed to the post-secondary institution selected by the scholarship recipient.
3. Applications and required attachments must be **postmarked by March 15, 2024 to:**

**Tuscola County Community Foundation
Shifters of Vassar Scholarship Fund
P.O. Box 534
Caro, MI 48723**

4. Applications are to be typed (12-point font) or legibly printed in ink and must be signed by the applicant. Applications not signed will not be considered.
5. Submit the **original application and one official high school transcript along with seven (7) copies of each (including letter of recommendations and any attachments).** Please have original printed single sided and no staples.
6. Attach to the application **and each of the seven (7) copies of the application** a one-page essay (double-spaced, 12-point font) addressing personal and educational goals in the next five (5) years.



For good. For ever.®

Shifters of Vassar 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:

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.**

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