



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. **Two (2) \$500 scholarships are available to be awarded to a senior student graduating from a school in the Tuscola Intermediate School District and who plans a career as a Registered Nurse.** The scholarship award is distributed directly to the post-secondary institution at the conclusion of their first-year studies and after the student forwards to TCCF a copy of their first-year transcripts.

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

**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. 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 recommendations 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** and 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: _____ 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