Tuscola County

community foundation

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Carl Childs Scholarship Application

Instructions for Scholarship Application

- 1. The attached application is to be used for the Carl Childs Scholarship offered through the Tuscola County Community Foundation. One (1) \$250 scholarship is available to a senior student graduating from Akron-Fairgrove Community Schools who plans to advance their education beyond high school with preference given to those students attending a trade, vocational, or agricultural post-secondary or apprenticeship program. Students attending other post-secondary institutions (i.e., community college or university) will also be considered. The scholarship award is paid to post-secondary institution upon submission of documentation verifying enrollment.
- 2. Applications and required attachments must be postmarked by March 15, 2024:

Tuscola County Community Foundation Carl Childs Scholarship PO 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 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 a 200-word short essay (not to exceed two (2) typewritten pages, double-spaced, 12-point font) addressing the following:
 - a. Describe your career goals.
 - b. Describe your school experiences.
 - c. Describe your community volunteer experiences.

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APPLICANT INFORMATION

Name:				
Last	First			Middle
Permanent Address: Street	City			
Street	City		State	Zip
Telephone:	Email:			
GPA (using a 4-point scale):	ACT or SAT score:			
High School:	Graduation Date:			
Date of Birth:	Field of Study:			
Post-Secondary Education program y	ou are planning to attend:			
FAMILY INFORMATION: (Providence of the control of t	le the following informati	on where app	licable.)	
Name of parent/guardian:				
Address:	City			
Street	City	State	Zip	
Occupation:				
Name of parent/guardian:				
Address:				
Street	City	State	Zip	
Occupation:				
How is your post-secondary education	n being financed?			
List scholarships applied for:				
List scholarship amounts awarded to	date:			
r				

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		
ORK EXPERIENCE					
Employer			r years, begin		
		Employment			
SSAY					
pplicants must submit a sho		ess) describing their career goals	and		
EERTIFICATION					
	ng my name and image li	form is accurate and complete to keness included in public/media			
Applicant's Signature			Date		
	318		•		