



## **Betty E and Melvin R Eckfeld Scholarship Application**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Betty E and Melvin R Eckfeld Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a high school student graduating from or having graduated from Unionville-Sebewaing Area Schools, Akron-Fairgrove Community Schools or Caro Community Schools**, who is pursuing a career requiring post-secondary institution and has maintained a GPA of 3.0 or greater.
2. **The preferred field of study is teacher education programs, 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:**

**Tuscola County Community Foundation  
Betty E and Melvin R Eckfeld Scholarship  
P.O. Box 534  
Caro, MI 48723**

4. Applications are to be typed 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.



## Betty E and Melvin R Eckfeld 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