



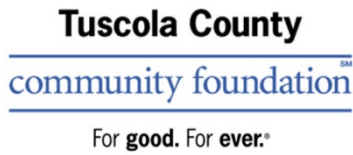
Fluegge Family Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Fluegge Family Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$1,000 scholarship will be available to be awarded to a graduating senior student who has attended Cass City High School full time and plans to pursue post-secondary education. Preference will be given to students pursuing a trade or vocational program.**
2. Applications and required attachments must be **postmarked by March 15, 2024:**

**Tuscola County Community Foundation
Fluegge Family Scholarship
P.O. 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 acceptance).** Please have original printed single sided and NOT stapled.
5. Attach to the application **and each of the five (5) copies of the application** an essay (not to exceed two (2) typewritten pages, double-spaced, 12-point font) addressing the following:
 - a. Describe an experience in high school when you felt you made a difference.
 - b. List three (3) important things/people in your life and why.
 - c. What are your future goals? Include what motivates you to pursue a career?
 - d. Where do you see yourself in five (5) years?
6. Include a copy of your letter of acceptance into chosen post-secondary education (if available).



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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: _____

Attach letter of acceptance if available. Full-time student? ___ Yes ___ No If no, number of credits: _____

Major field of study: _____

How is your post-secondary education being financed? _____

_____ % Parents _____ % Scholarships _____ % Savings
_____ % Work _____ % Loans _____ % Other

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