Tuscola County

community foundation

For good. For ever.

Scears Foundation of Akron, Michigan Scholarship Application

Instructions for Scholarship Application

- 1. The attached application is to be used for the Scears Foundation of Akron, Michigan Scholarship offered through the Tuscola County Community Foundation. One (1) \$400 scholarships is available to be awarded to a senior student from Akron-Fairgrove High School who plans to enter a career within the <u>field of education</u>. The scholarship awards are distributed to the post-secondary institute selected by the scholarship recipient.
- 2. Applications and required attachments must be postmarked by March 15, 2024:

Tuscola County Community Foundation Scears Foundation of Akron, Michigan Scholarship P.O. Box 534 Caro, MI 48723

Applicants must have maintained a high school GPA of 3.00 or higher on a 4-point scale. This scholarship is non-renewable.

- 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 an 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			
Last	First	Middle	
Permanent Address:			—
Street	City	State	Zip
Date of Birth:			
Telephone:	Email:		
GPA (using a 4 point scale):	ACT / SAT score:		
High School:	Graduation Date:		
Post-secondary institution you are planning to attend:			
FAMILY INFORMATION: (Provide the following	ng information where applic	cable.)	
Name of parent/guardian:			
Address:			
Street City	State	Zip	
Parents Occupation:			
Name of parent/guardian:			
Address:			
Street City	State	Zip	
Parents Occupation:			
How is your post-secondary education being financed			
List sabalarshins applied for			
List scholarships applied for:			
List scholarship amounts awarded to date:			

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	• /		
Using only the space below, please liswith your most recent positions. Employer	list your paid work experienc Nature of Work		Dates of Employment	rs, beginning Hrs/Week
			Zimproyiment	
CERTIFICATION I hereby affirm that the information process knowledge. I consent to having my nation 18, parent/guardian must also sign.				
Applicant's Signature			D. /	
	5		Date	