

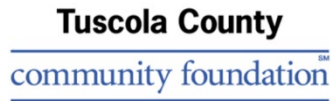
## **Shifters of Vassar Scholarship Application**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Shifters of Vassar Scholarship Fund** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a graduating senior from a school in the Tuscola Intermediate School District, parochial school student, home school student and/or Tuscola County resident attending an accredited high school outside Tuscola County** who is pursuing a career requiring post-secondary education.
2. **The applicant plans to enroll in a post-secondary education program in an automotive technician, auto body, or automotive related program leading to certification, 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 to:**

**Tuscola County Community Foundation  
Shifters of Vassar Scholarship Fund  
P.O. Box 534  
Caro, MI 48723**

4. Applications are to be typed (12-point font) 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.



For good. For ever.®

## Shifters of Vassar 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

