

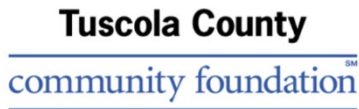


## **Tom Wargo Scholarship**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Tom Wargo Scholarship** offered through the Tuscola County Community Foundation. This Scholarship has been established in the name of Tom Wargo, a 1960 Mayville High School graduate and a member of the Professional Golf Association. **Two (2) scholarships in the amount of \$1,000 is available.** The scholarship will be awarded to a **senior student graduating Mayville Community Schools, who is enrolling in a post-secondary education program with preference given to students who demonstrate strong personal character, academic achievement, a history of participation in school, community activities, and a financial need.**
  
2. Applications and required attachments must be **postmarked by March 15, 2024:**  

**Tuscola County Community Foundation**  
**Tom Wargo Scholarship**  
**P.O. Box 534**  
**Caro, MI 48723**
  
3. Applications are to be typed or legibly printed in ink 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. Up to 3 letters of recommendation may be submitted, no more than 2 may be school employees. **If submitted, the original and seven (7) copies of each letter is/are to be included with the application material.**



For **good.** For **ever.**<sup>®</sup>

## Tom Wargo Scholarship

### Instructions for Scholarship Application

#### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
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 you are planning to attend: \_\_\_\_\_

#### FAMILY INFORMATION: (Provide the following information where applicable.)

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

How is your post-secondary education being financed?

\_\_\_\_\_

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	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

## ESSAY

Applicants must submit a short essay (200 words or less) describing their career goals and school/community volunteer experiences.

## 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