



## **Bob Moore Memorial Scholarship Application**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Bob Moore Memorial Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$1,500 scholarship is available to be awarded to a senior student graduating from Caro High School who plans to pursue a career requiring post-secondary education (college, university, technical, etc.) in an automotive related field.**
2. Applications and required attachments must be **postmarked by March 15, 2025:**

**Tuscola County Community Foundation  
Bob Moore Memorial 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 four (4) 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 four (4) copies of each letter is/are to be included with the application material.**
6. Attach to the application **and each of the four (4) 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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

