



## TUCKER SCHUMACHER MIRACLE SCHOLARSHIP FUND

### Instructions for Scholarship Application

1. The attached application is to be used for the Tucker Schumacher Miracle Scholarship Fund offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship, non-renewable scholarship is available to a graduating Reese High School senior with a GPA of 3.0 or better who is pursuing post-secondary education in a medical and/or health related field. (i.e., university, community colleges, vocational/trade schools, certificate programs etc.)**
2. The scholarship award shall be distributed to the post-secondary school selected by the scholarship recipient.
3. Application and required attachments must be **postmarked by March 15, 2025, to:**

**Tuscola County Community Foundation  
Tucker Schumacher Miracle Scholarship Fund  
P.O. Box 534  
Caro, MI 48723**

4. Applications are to be typed 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 four (4) copies of each (including letters of recommendation and any attachments)**. Please have original printed single sided and no staples.
6. Attach 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. Your thoughts on the medical field today
  - b. Why you are pursuing this career
  - c. How you feel you may possibly make a difference



# TUCKER SCHUMACHER MIRACLE SCHOLARSHIP FUND SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

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

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

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade point average using a 4-pt. scale: \_\_\_\_\_

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: \_\_\_\_\_

Have you been accepted at this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Full-time student? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, number of credits: \_\_\_\_\_

Major field of study: \_\_\_\_\_

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