Tuscola County

community foundation

For good. For ever.º

Dr. Bruce J. Dunn Memorial Scholarship

Instructions for Scholarship Application

- 1. The attached application is to be used for the **Dr. Bruce J. Dunn Memorial Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$1,000 scholarship is available to be awarded to one student who attends a school in the Tuscola Intermediate School District and is a resident of Tuscola County.** The scholarship award will be paid directly to the post-secondary institution.
- 2. Applications and required attachments must be postmarked by March 15, 2025, to:

Tuscola County Community Foundation Dr. Bruce J. Dunn 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. Two (2) letters of recommendation MUST be submitted with application (Copy of recommendation letter found below).
- 6. Attach an essay about you, your life and your plans for the future. Include motivating factors, important experiences, accomplishments, persons, events, classes, or hobbies which have helped shape your personal philosophy and goals (not to exceed two (2) typewritten pages, double spaced, 12-point font).

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Dr. Bruce J. Dunn Memorial Application

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APPLICANT INFORMATION

Name:				
Last			Middle	
Permanent Address:				
Street		City	State	Zip
Date of Birth:				
Telephone:	Email:			
GPA (using a 4 point scale):	ACT / S	ACT / SAT score:		
High School:		Graduation Date:		
List the colleges or post-secondary insor application is still pending.	stitution to which you h	ave form	ally applied. N	ote if accepted
Post-Secondary Institution:	Date Appl	lied:	Accepted/Pending:	
Post-Secondary Institution	Date App	lied:	Accepted/Pending:	
Post-Secondary Institution	Date App	lied:	Accepted/Pending:	
Describe your planned course of stud	y.			
What are your career objectives?				

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

Name of parent/guardian:	Occupation:		
Address:			
Street	City	State Zip	
Name of parent/guardian:		Occupation:	
Address:			
Street	City	State Zip	
Sibling Name		Age	
How is your post-secondary education bein	g financed?		
% Parents	•	% Scholarships	
% Savings		% Work	
% Loans		% Other	
List scholarships applied for:			
List scholarship amounts awarded to date:_			
Note any unusual family, personal or finance room is needed, please type on separate she		nces you would like to have considered. (If more double spaced, no greater than 1 page.)	

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.**

rivity Num. of Years		Leadership Positions, Awards and Recognitions		
ng only the space below, please	list your paid work experie	ence during the past four years,	, beginning	
ing only the space below, please	list your paid work experie	Dates of Employment	1	
ing only the space below, please th your most recent positions.			1	
ing only the space below, please th your most recent positions.			1	
ing only the space below, please th your most recent positions.			1	
ing only the space below, please th your most recent positions.			1	
ORK EXPERIENCE ing only the space below, please th your most recent positions. Employer ERTIFICATION			Hrs./Weel	
ERTIFICATION ereby affirm that the information owledge. I consent to having my	Nature of Work n provided on this form is according and image likeness in	Dates of Employment	Hrs./Wee	
ing only the space below, please th your most recent positions. Employer	n provided on this form is act name and image likeness in	Dates of Employment	Hrs./Weel	

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Personal Recommendation

You have been asked to provide information in support of the below named individual who is applying for a scholarship. In fairness to the applicant, we ask that you give immediate and serious attention to this appraisal.

Student's Name:					
What is your relationship to the applicant:					
What qualities and characteristics does the applicant have which will equip him/her for the demands of post-secondary education?					
What three adjectives best broadly describe	e the applicant?				
As the Scholarship Committee reviews this feel warrant special consideration?	s application, what factors or circumstances do you				
Other Comments: (Attach a separate page	if needed)				
Name:	Title:				
Addraga	Dhonor				