Tuscola County

community foundation

For good. For ever.

Dr. Donald and Marlys Carr Scholarship Application

Instructions for Scholarship Application

- 1. The attached application is to be used for the **Dr. Donald and Marlys Carr Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is** available to be awarded to a senior student graduating from Caro High School who plans to attend a post-secondary education program to pursue studies in a human services area such as: mental health, psychology or social work.
- 2. Applications and required attachments must be postmarked by March 15, 2025:

Tuscola County Community Foundation Dr. Donald and Marlys Carr Scholarship P.O. Box 534 Caro, MI 48423

- 3. Applications are to be typed or legibly printed in ink and must be signed by the 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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Dr. Donald and Marlys Carr Scholarship Application

APPLICANT INFORMATION

Name:		
Last	First	Middle
Permanent Address: Street	City	
		State Zip
Date of Birth:	Email:	
Telephone:	Tuscola County Resident:	YesNo
List your grade point average using a 4 pt. scale:	ACT / SAT Scor	re:
High School:	Graduation Date:	
FAMILY INFORMATION		
Name of parent/guardian:	Occupation	
Address:Street City		
Street City	y State	Zip
Name of parent/guardian:	Occupation	
Address:Street City	v State	Zip
Post-secondary school you are planning to attend:		•
Full-time student?YesNo	If no, number of credits	
Major field of study:		
How is your post-secondary education being finance	ed?	
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.**

	Num. of Leadership Positions, Years Awards and Recognitions			
WORK EXPERIENCE				
Using only the space below, please liswith your most recent positions.	st your paid work	experience di	uring the past four yea	
- 1				rs, beginning
Employer	Nature of	Work	Dates of Employment	Hrs/Week
	Nature of	Work	Dates of	
	Nature of	Work	Dates of	
	Nature of	Work	Dates of	
	Nature of	Work	Dates of	
Employer	Nature of	Work	Dates of	
Employer CERTIFICATION I hereby affirm that the information p	rovided on this fo	rm is accurate	Dates of Employment	Hrs/Week
Employer CERTIFICATION I hereby affirm that the information p knowledge. I consent to having my na	rovided on this fo	rm is accurate	Dates of Employment	Hrs/Week