



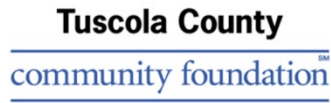
## **Betty E and Melvin R Eckfeld Scholarship Application**

### Instructions for Scholarship Application

1. The attached application is to be used for the **Betty E and Melvin R Eckfeld Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$500 scholarship is available to be awarded to a high school student graduating from or having graduated from Unionville-Sebewaing Area Schools, Akron-Fairgrove Community Schools or Caro Community Schools**, who is pursuing a career requiring post-secondary institution and has maintained a GPA of 3.0 or greater.
2. **The preferred field of study is teacher education programs, including its many aspects.** The scholarship award shall be distributed to the post-secondary school.
3. Applications and required attachments must be **postmarked by March 15, 2025:**

**Tuscola County Community Foundation  
Betty E and Melvin R Eckfeld Scholarship  
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 letter of recommendations and any attachments)**. Please have original printed single sided and no staples.
6. Attach to the application **and each of the four (4) copies of the application** a one-page essay (double-spaced, 12-point font) addressing personal and educational goals in the next five (5) years.



For good. For ever.®

## Betty E and Melvin R Eckfeld Scholarship Application

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

