



## **Scears Foundation of Akron, Michigan Scholarship Application**

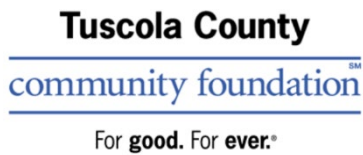
### Instructions for Scholarship Application

1. The attached application is to be used for the **Scears Foundation of Akron, Michigan Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$400 scholarship is available to be awarded to a senior student from Caro High School who plans to enter a career within the field of education.**
2. Applications and required attachments must be **postmarked by March 15, 2025:**

**Tuscola County Community Foundation  
Scears Foundation of Akron, Michigan Scholarship  
P.O. Box 534  
Caro, MI 48723**

**Applicants must have maintained a high school GPA of 3.00 or higher on a 4-point scale. This scholarship is non-renewable.**

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: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

GPA (using a 4 point scale): \_\_\_\_\_ ACT / SAT score: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Post-secondary institution you are planning to attend: \_\_\_\_\_

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

Name of parent/guardian: \_\_\_\_\_

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

Parents Occupation: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

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

Parents Occupation: \_\_\_\_\_

How is your post-secondary education being financed?  
\_\_\_\_\_  
\_\_\_\_\_

List scholarships applied for: \_\_\_\_\_  
\_\_\_\_\_

List scholarship amounts awarded to date: \_\_\_\_\_  
\_\_\_\_\_

## 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