

Dale and Aaron Wingert Memorial Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Dale and Aaron Wingert Memorial Scholarship** offered through the Tuscola County Community Foundation. **Two (2) \$1,000 scholarships are available to be awarded to seniors graduating from Mayville High School who plan to attend a four (4) year college or university full-time enrolling in the field of business.** The scholarship award will be paid to the post-secondary institution selected by the scholarship recipient.

2. Applications and required attachments **must be post marked by March 15, 2023:**

Tuscola County Community Foundation
Dale and Aaron Wingert Memorial Scholarship
P. O. Box 534
Caro, MI 48723

3. Applications are to be typed or legibly printed in ink.
4. Submit the **original application and one official high school transcript along with seven (7) copies of each.**
5. Letters of recommendation may be submitted. **If submitted, the original and seven (7) copies of each letter is/are to be included with the application material.** Please have original printed single sided and no staples.
6. Attach to the application **and each of the seven (7) copies of the application** an essay (not to exceed two typewritten, double-spaced pages) addressing the following:
 - a. What sparked your interest in pursuing a degree in the field of business?
 - 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.
7. All information on this application must be completed, including any attachments and signature. Failure to follow all instructions may result in the application being denied.



For good. For ever.®

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APPLICANT INFORMATION

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Telephone: _____ Email: _____

GPA (using a 4-point scale): _____ ACT or SAT score: _____

High School: _____ Graduation Date: _____

Date of Birth: _____ Field of Study: _____

Post-Secondary Education program you are planning to attend: _____

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

Name of parent/guardian: _____

Address: _____
Street City State Zip

Occupation: _____

Name of parent/guardian: _____

Address: _____
Street City State Zip

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

ESSAY

Applicants must submit a short essay (200 words or less) describing their career goals and school/community volunteer experiences.

CERTIFICATION

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant's Signature

Date