



## **Ralph & Marceline Bublitz Scholarship for Registered Nurses Application**

### **Instructions for Scholarship Application**

1. The attached application is to be used for the **Ralph & Marceline Bublitz Scholarship for Registered Nurses** offered through the Tuscola County Community Foundation. **Two (2) \$500 scholarships are available to be awarded to a senior student graduating from a school in the Tuscola Intermediate School District and who plans a career as a Registered Nurse.** The scholarship award is distributed directly to the post-secondary institution at the conclusion of their first-year studies and after the student forwards to TCCF a copy of their first-year transcripts.
2. Applications and required attachments must be **postmarked by March 15, 2024:**

**Tuscola County Community Foundation  
Ralph & Marceline Bublitz Scholarship for Registered Nurses  
P.O. Box 534  
Caro, MI 48723**

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 seven (7) copies of each (including letter of recommendations and any attachments).** Please have original printed single sided and no staples.
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.**
6. Attach to the application **and each of the seven (7) copies of the application** and 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.



## Ralph & Marceline Bublitz Scholarship for Registered Nurses Application

### Instructions for 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:

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Please list scholarships granted and amounts:

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## 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 |
|----------|---------------|---|
|          |               |   |
|          |               |   |
|          |               |   |
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|          |               |   |
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|          |               |   |
|          |               |   |
|          |               |   |

## 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.

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Applicant's Signature

Date

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Parent/Guardian Signature (if applicable)

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Date