TUSCOLA COUNTY COMMUNITY FOUNDATION
Instructions for Scholarship Application

Ralph & Marceline Bublitz Scholarship for Registered Nurses
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. One (1) $500.00 scholarship is available to be awarded to a senior student graduating from a Tuscola County High School who plans to enter a career as a Registered Nurse. The scholarship award shall be distributed directly to the recipient at the conclusion of their first year of college and after the student forwards to the Foundation a copy of their first year transcripts.

2. Applications and required attachments must be returned (postmarked) by March 16, 2020 to:

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.

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.

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. 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.
TUSCOLA COUNTY COMMUNITY FOUNDATION
Ralph & Marceline Bublitz Scholarship for Registered Nurses
Application

APPLICANT INFORMATION

Name:_________________________________________________________________________

Last                      First                      Middle

Permanent Address:____________________________________________________________
Street            City            State            Zip

Date of Birth:_______________________________    Male_______    Female_______

Telephone No.:____________________

GPA (using a 4 point scale):____________________    ACT score:____________________

High School:____________________    Graduation Date:____________________

College/university you are planning to attend:_________________________________________

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

Name of father/stepfather/guardian:_______________________________________________

Address:_______________________________________________________________________
Street            City            State            Zip

Fathers Occupation:_______________________________________________

Name of mother/stepmother/guardian:_______________________________________________

Address:_______________________________________________________________________
Street            City            State            Zip

Mothers Occupation:_______________________________________________

How is your college/university being paid?_____________________________________

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Num. of Years</th>
<th>Leadership Positions, Awards and Recognitions</th>
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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.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Nature of Work</th>
<th>Dates of Employment</th>
<th>Hrs/Week</th>
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**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 ___________________________