Dr. Floyd L. Echols Memorial Scholarship

1. The attached application is to be used for the Dr. Floyd L. Echols Scholarship offered through the Tuscola County Community Foundation. One (1) $450.00 scholarship is available to be awarded to a senior student graduating from a Tuscola County High School who will be attending a post-secondary education program pursuing a degree in the field of Social Work. The scholarship award shall be distributed to the institution of higher education selected by the scholarship recipient or directly to the recipient.

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

Tuscola County Community Foundation
Dr. Floyd L. Echols Scholarship
P.O. Box 534
Caro, MI  48723

Applicants must be a senior graduating from a high school within the Tuscola Intermediate School District (Akron-Fairgrove, Cass City, Caro, Kingston, Mayville, Millington, Reese, Unionville-Sebewaing, or Vassar). Applicants must attend a post-secondary education institution and be pursuing a degree in the field of Social Work.

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

Dr. Floyd L. Echols Scholarship

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:______________________________

What is your plan to pay for post-secondary education:

______________________________________________________________________________

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.
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<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 ___________