Olaf A. Goodell Scholarship Application

1. The attached application is to be used for the Olaf A. Goodell Scholarship offered through the Tuscola County Community Foundation. Up to five (5) $1,000.00 scholarships are available to be awarded to senior students graduating from a Tuscola County High School who plan to enter a career within a medical field. The scholarship awards shall be distributed to the institution of higher education selected by the scholarship recipients or directly to the recipients.

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

Tuscola County Community Foundation
Olaf A. Goodell Scholarship
P.O. Box 534
Caro, MI 48723

Applicants must be seniors graduating from a Tuscola County High School who are pursuing a career within a medical field.

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

Olaf A. Goodell Scholarship 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.**

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<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.

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<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 ________________