

**TUSCOLA COUNTY M.A.R.S.P. SCHOLARSHIP**  
**Teacher Education**

**GENERAL REQUIRMENTS FOR SCHOLARSHIP**

The applicant must:

1. Must plan to attend a 4 year college to pursue a career in teacher education.
2. Be a resident of Tuscola County for at least 2 years.
3. Graduate from an accredited high school and have attained a 3.0 grade point average.
4. Complete an application for scholarship and return it to the Scholarship Committee.
5. Enclose academic record (transcript of high school/college credits) for the Scholarship Committee.
6. Include letters of recommendation from:
  - A. One teacher
  - B. One individual other than a teacher
7. Be available for an interview with the Scholarship Committee if needed.
8. If all of the above listed requirements are not adhered to, the applicant may be disqualified.

**CRITERIA FOR SCHOLARSHIP REIMBURSEMENT**

To receive reimbursement, the applicant must:

1. Be enrolled in an accredited college as a full time student with proof of registration.
2. Submit an official transcript showing completion of a semester, trimester or quarter.
3. In determining the recipients, the Scholarship Committee will take into consideration the applicant's academic record, educational goals and involvement in youth activities of the community, church, high school or college. The evaluation will be based on the highest score cumulative point system.
4. Check will be made to the college or university unless other wise specified.
5. Scholarship of \$500.00 is not continuing but can be reapplied for.

M.A.,R.S.P. SCHOLARSHIP APPLICATION  
Teacher Education

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

Address  
\_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name of Parent or Guardian  
\_\_\_\_\_

High School \_\_\_\_\_ Anticipated Date of Graduation \_\_\_\_\_

Name of College  
\_\_\_\_\_

College Curriculum  
\_\_\_\_\_

Name of High School / College Counselor/Advisor  
\_\_\_\_\_

Counselor/Advisor's Phone Number  
\_\_\_\_\_

**PERSONAL DATA**

Profession/Occupation expected to enter  
\_\_\_\_\_

Organization and activity participation (indicate member or officer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards or honors received in high school/college  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List part time employment (if any)

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List co-op employment (if any)

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Identify hobbies and special interests

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Please return this form along with your transcripts post marked no later than:  
May 05, 2026 and forward to:

Mrs. Karen Phillips  
MARSP Scholarship Chairperson  
3720 Seymour Lake Rd  
Ortonville, Mi 48462

In the space below, indicate why you are applying for a scholarship and why you think you deserve one.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Counselor/Advisor

**Note: A transcript of your high school/college grades must be attached in order for this application to be considered.**