



Kenna Lynne Peet Memorial Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Kenna Lynne Peet Memorial Scholarship** offered through the Tuscola County Community Foundation. **One (1) \$1,500 scholarship is available to be awarded to a high school student graduating from a Tuscola Intermediate School District service area school who is attending or has attended the Tuscola Technology Center's Early Childhood Professions (Professions in Education) Program and plans to enter study within the field of special education.** The scholarship award will be distributed to the post-secondary institution selected by the scholarship recipient.
2. Application and required attachments must be **postmarked on or before March 15, 2026:**

**Tuscola County Community Foundation
Kenna Lynne Peet Memorial Scholarship
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. Unsigned applications will not be considered.
4. **Submit the application, one official high school transcript, letter(s) of recommendation and essay. All submitted materials must be single-sided and unstapled.**
5. Letters of recommendation may be submitted.
6. Attach to the application an essay (not to exceed two (2) typewritten pages, double-spaced, 12-point font, single sided and not stapled) addressing the following:
 - Why do you merit this award?
 - What person or situation had the greatest impact on your life? Explain.
 - What do you expect to be doing in five to eight years?
Keep your education and career goals in mind.



Kenna Lynne Peet Memorial 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:

Please list scholarships granted and amounts:

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.**

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.

Applicant's Signature

Date

Parent/Guardian Signature (if applicable)

Date