



GARY EASTON SCHOLARSHIP APPLICATION

Please select criteria under which you are applying:

- Must be enrolled in a college or university in the state of Michigan and be majoring in a health/human services field of study, having completed at least 48 credits, with a minimum 3.0 grade point average. OR Must be enrolled in a college or university in the state of Michigan and accepted into a certified/accredited nursing program.

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ College/University Attending: \_\_\_\_\_

What is your major? \_\_\_\_\_

How many college credits do you have? \_\_\_\_\_ GPA: \_\_\_\_\_

(Please attach a copy of your last completed semester grade record or most recent transcript.)

List your extracurricular activities and awards: \_\_\_\_\_

From what county MCF are you applying? \_\_\_\_\_

Have you ever received an award from any MCMCFC-funded scholarship before? (MCMCFC, Ferris or Grand Traverse Community Foundation)

No [checkbox] Yes [checkbox]

Are you an MCF employee? Yes [checkbox] No [checkbox] If no, what is your relationship to the employee? \_\_\_\_\_

How long have you, or the employee, been continuously employed at the county MCF? \_\_\_\_\_

List all types of financial aid you are receiving: \_\_\_\_\_

What are your plans for your future education? \_\_\_\_\_

What is your career plan after graduation? \_\_\_\_\_

Please send completed application to:

MCMCFC
110 W. Michigan Ave., Suite 200, Lansing, MI 48933
assistant@mcmcfc.org

Applications must be received by July 26, 2024.