



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 Yes

Are you an MCF employee? Yes No 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? _____

I confirm that all required documents will be submitted in the required formats by the deadline.

(NOTE: MCMCFC will automatically reject any incomplete application.)

Electronic Signature (fill in name)

Please send completed application to:

MCMCFC 110 W. Michigan Ave., Suite 200, Lansing, MI 48933

assistant@mcmfc.org

Applications must be received by July 24, 2026.