

## **Herb Thibodeau Memorial Scholarship of The Tiffin Community Foundation**

The Herb Thibodeau Memorial Scholarship (HTMS) honors the memory of the man who dedicated 50 years of his life to bowling. Herb Thibodeau worked tirelessly to advance the sport of bowling, not only in Fostoria, but in the State of Ohio and the entire United States. He was a husband, father, coach, mentor, employer, team member, friend, host and leader in his community.

Herb was instrumental in getting bowling recognized as a letter sport. He was responsible for the creation of the greater-Fostoria area High School bowling program. Herb led the creation of the Fostoria, Lakota, New Riegel and Hopewell-Loudon High School Bowling teams.

1. In his memory, Herb's family, friends and fellow bowling proprietors have established the Herb Thibodeau Memorial Scholarship. Scholarships of \$1000 each, will be awarded to 2 high school seniors (one male, one female) from bowling teams at Fostoria, Lakota, or any other Seneca County schools. The Scholarship may be used for tuition, books, or fees.

### **REQUIREMENTS FOR SCHOLARSHIP APPLICATION**

Students desiring to be considered for the Herb Thibodeau Memorial Scholarship must have the following material completed and postmarked by March 31.

1. A completed application form answering all questions.
2. An official transcript of grades and current GPA.
3. A letter of recommendation from the student's high school guidance counselor or one of his/her teachers.
4. Original essay of 500-750 words on the following subject:

Herb Thibodeau valued Christian values, family, friends and education. As a coach, Herb expected players to treat others with respect, work hard, be responsible, and be a good sport.

*I believe I should be chosen as the Herb Thibodeau Memorial Scholarship recipient because...*

The scholarship will be awarded on the basis of merit of the individual essay (35%), character (25%), grades-scholarship record (35%), and need (5%).

Application materials can be *mailed* or *emailed* by the *guidance counselor* or *student*.

Please send the completed application form to; your high school guidance counselor or The Tiffin Community Foundation at 31 S Washington St, Tiffin, Ohio. Applications can also be e-mailed to [info@tiffinfoundation.org](mailto:info@tiffinfoundation.org).

**Herb Thibodeau Memorial Scholarship Application**

**A. CANDIDATE CONTACT INFORMATION:**

Name:

Permanent Home Address:

Mailing Address:

Telephone Numbers: (Home)  (cell)

Email Address:

**B. COLLEGE ENROLLMENT INFORMATION:**

College/University:

Address:

**C. SCHOLASTIC HONORS, AWARDS AND HONORARY ORGANIZATIONS:**

**D. EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICE (include active**

membership in clubs, orchestra, chorus, band, sports, church, etc. Please be specific on involvement and dates):

Date of Service	Description of Service or Activity

**E. OTHER NON-SCHOLASTIC RECOGNITIONS/AWARDS & SIGNIFICANT ACCOMPLISHMENTS** (include those associated with D above):

--

**F. WORK EXPERIENCE** (include type, duration and significance):

Date of Service	Description of Service or Activity

**G. REFERENCE LETTER** (Have 1 signed and dated reference letter emailed or mailed directly to the Scholarship Review Committee from a faculty member at your school.)

**H. ESSAY**

Attach a type written essay. In 500-750 words explain why you believe you should be chosen for the Herb Thibodeau Memorial Scholarship.

**I. FINANCIAL NEED**

Which of the following best describes your financial situation (please circle the number):

1. I will be employed full-time and attending college part time. My employer will provide reimbursement for my tuition (part or all).
2. I will be employed part-time and attending college part time. My employer will not reimburse my tuition and I am solely responsible for my tuition.
3. I will be attending college as a fulltime student. I have received, or will be receiving, financial assistance from my family, other scholarships and/or financial aid.
4. I will be attending college as a fulltime student. I have not received, or will not be receiving, financial assistance from family, other scholarships and/or financial aid.
5. Other (please explain)

\_\_\_\_\_  
APPLICANT'S SIGNATURE:

\_\_\_\_\_  
DATE:

Please mail or email the completed application form to The Tiffin Community Foundation at 31 South Washinton Street, Tiffin, Ohio 44883, or [info@tiffinfoundation.org](mailto:info@tiffinfoundation.org)

Questions regarding any part of the process may be directed to

Jodie Reinbolt at 419-448-1791.