

Herb Thibodeau Memorial Scholarship of The Tiffin Community Foundation



Application Guidelines

The Herb Thibodeau Memorial Scholarship honors the memory of a 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. 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 by establishing the Fostoria, Lakota, New Riegel and Hopewell-Loudon High School bowling teams.

Herb was a husband, father, coach, mentor, employer, team member, friend, host and leader in his community. Herb was a man who believed in 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.

The Herb Thibodeau Memorial Scholarship was established by Herb's family, friends and fellow bowling proprietors. Scholarship(s) will be awarded to high school seniors from bowling teams of Fostoria, Lakota, or any Seneca County school.

A typed essay of 500-750 words on why you believe you should be chosen as a recipient should be submitted with the application. The scholarship will be based on merit of the individual essay (35%), character (25%), grades-scholarship record (35%) and need (5%).

**Submit your completed application and essay to
Your school counselor by March 31**

The Herb Thibodeau Memorial Scholarship Application



Deadline March 31

Deliver completed application to
your school counselor or email to:
info@tiffinfoundation.org

Attachments: ☒

- ☐ List of extracurricular activities
- ☐ Current transcript of education.
- ☐ 2 Letters of recommendation
1- Guidance Counselor 1- Teacher
- ☐ List of awards/honors and significant accomplishments
- ☐ Essay

Name: _____

Address: _____

County: _____

Date of Birth: _____

Home Phone: _____

Cell: _____

Email: _____

Name of Parents/Guardians _____

Annual Household Income: _____

High School: _____

Year of graduation: _____

GPA: _____

ACT &/or SAT: _____

College you are planning to attend: _____

Major/minor: _____

Expected graduation date: _____

Career goal: _____

Other sources of scholarship or financial assistance: _____

Please indicate dollar amount for each.

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Work Experiences including high school work-study programs: _____

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I hereby give permission for a scholarship fund to contact any of my teachers, past or current employers, coaches, guidance counselors, or educational or professional schools I have attended for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true. I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

Applicant's signature _____

Date: _____

Applicant's Parent/Guardian signature _____

Date: _____

For Tiffin Community Foundation Use

Date received: _____ Complete? ☐ yes ☐ no Contacted applicant: _____

Submitted completed application and attachments to Scholarship Trustees: _____