



McINTYRE FAMILY EDUCATIONAL SCHOLARSHIP

The Copper Shores Community Health Foundation (CSCHF) has established the McIntyre Family Educational Scholarship award. CSCHF will award a \$2,000 scholarship to two (2) graduating seniors from Ontonagon High School. The scholarship is a one-time award to be expended in the 2026-2027 academic year. CSCHF's intention is that recipients use the scholarship to help pay for education costs at a post-secondary school of their choosing. The applicant must meet the below-referenced criteria and submit their application to CSCHF Grants Management Committee who will anonymously review the finalist applications to make an award decision.

Eligibility Criteria:

- At the donor's request, the student must graduate during the 2025-2026 academic year.
- The student must have at least a 2.0 GPA;
- The student must be accepted for admission to a post-secondary institution (proof of acceptance must be shown – however, if the student has not received notification of acceptance, they must attach evidence that they have applied to a school and indicate when they anticipate receiving notification from that school);
- The student must be intending to be enrolled in a certificate program or an associate degree in a skilled trades or career technical education program for the 2026-2027 academic year;
- The student must be intending to be enrolled full-time (at least 12 credits);
- The student must demonstrate engagement in school and/or community activities; and
- The student must write a cover letter and accompanying essay in support of their application.

Important Dates:

- The student must submit a completed application to the Copper Shores Community Health Foundation. Applications must be postmarked, emailed or delivered to CSCHF Office no later than **February 27, 2026** to be considered. All required documentation must be included at the time of application submission, incomplete applications will not be considered. Materials should be sent to:

CSCHFoundation
ATTN: Scholarships
400 Quincy St. – PO Box 299
Hancock, MI 49930
info@coppershores.org



McINTYRE FAMILY EDUCATIONAL SCHOLARSHIP APPLICATION

A form-fillable application may be downloaded at www.coppershores.org/scholarships

Date: _____

Applicant Name: _____

Home/Mailing Address: _____

Telephone: _____

High School: _____

Cumulative GPA: _____ (Please include high school transcript)

School(s) Accepted for Admission (must include proof of acceptance – if you have not received a notification of acceptance, please submit proof that you have applied to a school and indicate when you anticipate hearing from that school):

Intended Area of Study: _____

Intended Degree/Certification: Certificate Associate Degree

Please list any related coursework you have studied with corresponding dates:

Please list any volunteer work and extracurricular activities you have participated in with corresponding dates:

(OPTIONAL) If unable to volunteer or participate in extracurricular activities, what barriers prevent you from doing so" (example: work requirements, taking care of family member, etc.)



McINTYRE FAMILY EDUCATIONAL SCHOLARSHIP APPLICATION – CONTINUED

Students, please prepare a one-page cover letter that addresses the following questions:

- Why do you want to continue your education?
- What do you hope to accomplish academically while continuing your education?
- How do you hope to use your education once you have completed your training; and
- How does your ongoing education relate to the Copper Shores Community Health Foundation's mission?

"To positively influence a healthful community through enhanced philanthropy and collaboration."

In addition to the cover letter, please prepare a one-page essay that answers the following question:

- Describe a challenge you have overcome.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the scholarship program.

I hereby understand that if chosen as a scholarship winner, according to CSCHF scholarship policy, it is my responsibility to remit to CSCHF the appropriate information for my scholarship to be paid directly to my educational institution or program.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

if awarded, the student will be sent a Letter of Acceptance with additional information to complete and return. The scholarship award will be paid directly to the educational institution or program.