## The Lawrence M. Klemow, Esq. Memorial Scholarship Fund of The Luzerne Foundation

This scholarship provides scholarship assistance to individuals who reside in the Greater Hazleton area pursuing a law degree.

#### **Eligibility Criteria**:

- A hard-working student performing to the best of his or her ability, maintaining a minimum GPA of 3.0;
- Demonstrated financial need;
- Proven community service and/or work experience;
- A student who has demonstrated strength of character or perhaps exceeded the expectations of their life situation;
- Enrolled in or planning to pursue a law degree.



### **Application Information**:

The following must be returned to The Luzerne Foundation by Monday, April 29, 2024:

- The completed scholarship application;
- An essay about the importance of family, character and respect. (The essay should be approximately 300-500 words, typewritten and double-spaced). Character is about how one treats and respects others, empathy, volunteerism, willingness to sacrifice for others, etc.;
- An official transcript from your current educational institution;
- A list of your extracurricular and volunteer activities, plus any work experience;
- One (1) letter of recommendation from a non-family member (e.g., teachers, professors, clergy, employers, etc.).

Return application and all documentation to:

Scholarship Processing The Luzerne Foundation 34 South River Street Wilkes-Barre, PA 18702

You may also email your completed scholarship file to <u>Donna@luzfdn.org</u>.

Please contact The Luzerne Foundation at 570-822-2065 with any questions.

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## **APPLICANT INFORMATION:**

Name: Last		First	Mid	110	
Last		FIISt	Mide	Middle	
Address:St					
Street		City	State	Zip	
Male Female	Email:				
Home Phone #:	(	Cell #:			
Are you a Luzerne Cour	nty resident? Yes	s No			
High school you attend(	ed):				
Graduation Date:					
FAMILY INFORMAT	<b>ION:</b> (Provide	the following info	ormation where applic	able.)	
Name of father/stepfathe					
value of fauter/stepfaute	ardian				
Address:Street					
Street		City	State	Zip	
Name of mother/stepmo	ther/guardian: _				
1 ddress.					
Address:Street		City	State	Zip	
Check if applical	ole: ( ) father de	ceased () mothe	r deceased () parent	s divorce	
спеск и арриса	one. ( ) famer de	ceased () mome	r deceased () parent	s divorce	
Name of spouse (if appl	icable):				
Address:					
Street		City	State	Zip	
COLLEGE/UNIVERS	ITY INFORMA	ATION:			
College/university you p	olan to attend or	are attending:			
Full-time student? Ves					

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	(Please PF	RINT your name.)					
SCHOOL AND COMM List extracurricular, community the past 4 years. Y	nunity and/or reli	gious activit		whicl	h you have partic	ipated	
Ac	tivity		# of L Years		eadership Positions, Awards & Recognition		
VORK EXPERIENCE ist your paid work expensions You may also at	rience during the	past four ye	ars, beş	ginni	ng with your mos	st recent	
Employer	Nati	Nature of Work			Dates of Employment	Hrs/W	
CERTIFICATION hereby affirm that the insest of my knowledge.	formation provid	ed on this fo	orm is a	accur	ate and complete	to the	
applicant's Signature			_ <u>_</u>	ate			