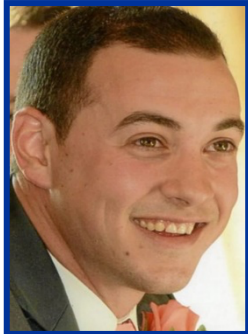


The Kristopher Moules Scholarship Fund

Employee-Adult Learner Scholarship



This scholarship, established in memory of Kristopher Moules by his parents, friends and co-workers, assists Luzerne County Prison employees with their adult learning and continuing education studies.

Eligibility Criteria:

- Proof of enrollment in a college, university or technical school
- Applicants must write an essay outlining their personal achievements and career goals, and give one personal reference.

Application Information:

The following materials must be returned to The Luzerne Foundation by **Monday, April 29, 2024**.

1. A completed and signed Scholarship Application;
2. An official cumulative grade transcript through the most recent high school term or college semester;
3. An essay (approximately 300-500 words) outlining your personal achievements and career goals;
4. One (1) letter of recommendation from a supervisor or prison warden
5. A copy of your Student Aid Index (SAI) confirmation page from your completed FAFSA application. The full Student Aid Report is not required.

Scholarship DEADLINE is Monday, April 29, 2024

Please submit all documents to:
Scholarship Processing
The Luzerne Foundation
34 South River Street
Wilkes-Barre, PA 18702

You may also submit completed application to Donna@luzfdn.org.

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

THE LUZERNE FOUNDATION'S
Kristopher Moules Scholarship Fund
Employee-Adult Learner Scholarship Application 2024

APPLICANT INFORMATION:

Name: _____
First Middle Last

Permanent Address: _____
Street City State Zip

____ Male ____ Female E-Mail: _____

Phone #: _____ Cell #: _____

Luzerne County resident? ____ Yes ____ No

of years employed at Luzerne County Prison? _____

Position(s) held? _____

COLLEGE/UNIVERSITY INFORMATION:

Year in college during the coming academic year: () Fr () Soph () Jr () Sr () Grad

Name of Educational Institution: _____

Address (City/State) of school: _____

Major you're pursuing or classes you're enrolled in: _____

WORK EXPERIENCE:

Please list any work experience **prior to** employment at the prison.

Employer	Nature of Work	Dates of Employment	Hrs/Wk

CERTIFICATION:

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

 Applicant's Signature

 Date