The Kristopher Moules Scholarship Fund

To Support Luzerne County Prison Employees' Children



This scholarship, established in memory of Kristopher Moules by his parents, friends and co-workers, assists Luzerne County Prison employees with their children's undergraduate educational studies. Graduating high school seniors or those currently enrolled as a full-time undergraduate student are encouraged to apply.

Eligibility Criteria:

- ► Graduating senior from any Luzerne County high school or a student already enrolled as a full-time student in a 2 or 4-year college, university or technical/trade school;
- ► Hard-working student with at least a 2.6 grade point average;
- ▶ Demonstrated financial need;
- ► Parent or guardian <u>MUST</u> be an employee of the Luzerne County Prison.

Application Information:

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

- 1. Completed and signed scholarship application;
- 2. An essay on why you merit this scholarship. The essay should not exceed two typewritten, double-spaced pages, in 12-point font;
- 3. An official cumulative grade transcript through the most recent high school term or college semester;
- 4. Two (2) letters of recommendation from adults other than family members (Ex. teachers, coaches, employers, clergy, etc.)
- 5. A copy of the confirmation page from your FAFSA, stating your Student Aid Index (SAI).

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 email your 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 Luzerne County Prison Employee Family Members APPLICATION FOR SCHOLARSHIP 2024

APPLICANT INFORMATION:

| Name: | | | | | | |
|-----------------------|-----------------------------|---------------------------|---------------------|--|--|--|
| First | | Middle | Last | | | |
| Permanent Address: | Street | City | State Zip | | | |
| Male Female | e Telephone #: | Cell #: _ | • | | | |
| | | E-Mail: | | | | |
| High School: | | Graduation Date: | | | | |
| FAMILY INFORM | IATION: (Provide the | e following information w | here applicable.) | | | |
| Name of father/step: | father/guardian: | | | | | |
| - | | | | | | |
| Address: Street | City | State | Zip | | | |
| Name of mother/step | omother/guardian: | | | | | |
| Address: | City | | | | | |
| Street | City | State | Zip | | | |
| Check if app | licable: () father decea | ased () mother deceased | () parents divorced | | | |
| Name of spouse: | | | | | | |
| Address: | City | | | | | |
| Street | City | State | Zip | | | |
| COLLEGE/UNIVI | ERSITY INFORMAT | TION: | | | | |
| Year in college duri | ng the coming academ | ic year: () Fr () Soph (|)Jr () Sr () Grad | | | |
| Educational Instituti | on: | | | | | |
| | | | | | | |
| | | If no, # of credits | | | | |
| | | | | | | |

| The Kri | stopher Moule | s Scho | olar | ship Fund | | |
|---|--|-------------|-------------|-------------------------------|-------------|--|
| Name of Applicant: | | | | | | |
| | UNITY ACTIVITIES: , community and/or religional sheet if no | | | | articipated | |
| Activity | | # of | Lea | eadership Positions, Awards & | | |
| | | Years | Recognition | | 1 | |
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| | : c experience during the pa d sheet if necessary or inc | | | ginning with your Dates of | most recen | |
| Employer | Employer Nature of Work | | | Employment | Hrs/Wk | |
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| | | | | | | |
| CERTIFICATION: I hereby affirm that the inmy knowledge. | formation provided on thi | s form is a | accura | te and complete to | the best of | |
| Applicant's Signature | | <u></u> | ate | | | |