

Robert C. and Virginia M. Hopkins Scholarship Fund of The Luzerne Foundation

The Scholarship Fund was established by the family of Robert and Virginia Hopkins and is awarded annually to a student who received services from Children's Service Center (CSC) or Robinson Counseling Center (RCC), has overcome adversity, worked to their academic ability, and gave back to their community.

Eligibility Criteria:

- Must be a hard-working student, producing to the best of his/her academic ability.
- Must plan to enroll (or enrolled) as an undergraduate in an accredited two or four-year college/university or trade school as a full-time student;
- Must have participated in one or more services at CSC/RCC.
- Must show service given back to the community.

Requirements:

The following must be returned to the Luzerne Foundation by **Friday, April 25, 2025:**

1. A completed and signed copy of the scholarship application (clearly printed using dark ink or typed).
2. An essay explaining why you merit this scholarship. Your statement should include information that would help us in knowing you and in determining your eligibility (Example: academic achievement, community involvement, etc.). You may include reasons for choosing your professional goals (Example: business, the arts, education, medical profession, etc. and/or long-range plans after graduation.)
3. A copy of your official cumulative grade transcript through the most recent term.
4. Two (2) letters of recommendation from adults other than family members (teachers, coaches, employers, clergy, etc.)

~Scholarship Application DEADLINE is Friday, April 25, 2025~

Return all documentation to:
Scholarship Processing
The Luzerne Foundation
34 South River St.
Wilkes-Barre, PA 18702

You may also submit completed applications via email to Donna@luzfdn.org.

Robert C. and Virginia M. Hopkins Scholarship Fund

APPLICANT INFORMATION: This application must accompany the requested information and documentation as stated in the Requirements section. **Please print using dark ink or type.**

Name: _____
 First Middle Last

Permanent Address: _____
 Street City State Zip

Cell Phone #: _____

E-Mail: _____

High School/GED: _____

Graduation Date: _____

FAMILY INFORMATION (Provide the following information where applicable.)

Name of father/stepfather/guardian: _____

Address: _____
 Street City State Zip

Name of mother/stepmother/guardian: _____

Address: _____
 Street City State Zip

COLLEGE/UNIVERSITY/CAREER TRAINING INFORMATION

College/University/Trade School you are planning to attend:

College Address (City/State): _____

Full-time student? _____ Yes _____ No If no, # of credits _____

Major Field of Study or if planning to attend a Technical School, please explain your plans:

Name of Applicant: _____

(Please PRINT)

SCHOOL AND COMMUNITY ACTIVITIES

Please list extracurricular, community and religious activities in which you have participated during the past 4 years. Attach a separate sheet if necessary.

Activity	# of Years	Leadership Positions, Awards & Recognition

CERTIFICATION

I hereby give The Luzerne Foundation and the Virginia M. & Robert C. Hopkins Scholarship Committee permission to contact any of my teachers, supervisors, professional and educational institutions I have attended, applied to, have been accepted for admission or membership to, for further information about my attendance, performance, financial circumstances, and references. I understand that the information contained in my application may be shared with the scholarship advisory committee and/or scholarship sponsor.

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

Applicant's Signature

Date

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