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

This scholarship provides tuition assistance to individuals who reside in Luzerne County 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 Friday, May 2, 2025:

- The completed scholarship application;
- An essay about the importance of family, character and respect. (The essay should be approximately 400-500 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 Donna@luzfdn.org.

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

~DEADLINE is Friday, May 2, 2025~

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

APPLICANT INFORMATION:

Name:					
Last		First	Mi	Middle	
Address:		<u></u>			
	Street	City	Sta	te Zip	
Male Female_	Ema	il:			
Home Phone #:		Cell #:			
Do/did you reside w	vithin Luzerne	County, PA? Yes N	lo		
High school you att	end(ed):				
Graduation Date:		_			
FAMILY INFORM	MATION: (Pro	ovide the following info	rmation where appl	icable.)	
Name of father/step	father/guardiar	1:			
Address:					
Street		City	State	Zip	
Name of mother/ste	pmother/guard	ian:			
Address					
Street	;	City	State	Zip	
Check if app	olicable: () fath	ner deceased () mother	deceased () pare	nts divorced	
Name of spouse (if	applicable):				
Address:					
Street	;	City	State	Zip	
COLLEGE/UNIV	ERSITY INFO	DRMATION:			
College/university y	you plan to atte	nd or are attending:			

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

The Lawrence M. Klemow, Esq. Memorial Scholarship

SCHOOL AND COMMUNITY ACTIVITIES:

List extracurricular, community and/or religious activities in which you have participated during the past 4 years. You may also attach a resume.

Activity	# of Years	Leadership Positions, Awards & Recognition

WORK EXPERIENCE:

List your paid work experience during the past four years, beginning with your most recent position. You may also attach a resume.

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.