

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 **Friday, May 2, 2025**:

1. A completed Scholarship Application;
2. An official cumulative grade transcript through the most recent high school term or college semester;
3. An essay (approximately 500 words) outlining your personal achievements and career goals;
4. One (1) letter of recommendation from a supervisor or prison warden.

Scholarship DEADLINE is Friday, May 2, 2025

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
Employee-Adult Learner Scholarship Application 2025

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