# The Kristopher Moules Scholarship

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:

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

### **Application Information:**

The following materials must be returned to The Luzerne Foundation by Friday, May 2, 2025:

- 1. Completed scholarship application;
- 2. An essay (approximately 500 words in length) on why you merit this scholarship.
- 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 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 email your application to <u>Donna@luzfdn.org</u>.

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 2025

# **APPLICANT INFORMATION:**

Name:First		Middle	Last
Permanent Address:	Street	City	State Zip
Male Female	Telephone #:	Cell #:	
Luzerne County resid	dent? Yes No _	E-Mail:	
igh School <u>:</u>		Graduation Date:	
FAMILY INFORM	(ATION: (Provide th	e following information v	where applicable.)
Name of father/stepf	ather/guardian:		
Street	City	State	Zip
Name of mother/step	mother/guardian:		
Address:	City		
Street	City	State	Zip
		eased () mother decease	
Parent/guardian emp	loyed by Luzerne Co	unty Prison:	
			Name
Address: Street	City	State	Zip
COLLEGE/UNIVE	RSITY INFORMA	ΓΙΟΝ:	
Vear in college durin	og the coming academ	nic year: () Fr () Soph	()Ir () Sr () Grad
_			
Educational Institution	on:		
Address (City/State)	of college:		
Full-time student? Y	es No	If no, # of credits	
Maior:			

# SCHOOL AND COMMUNITY ACTIVITIES:

List extracurricular, community and/or religious activities in which you have participated during the past 4 years. Attach additional sheet if necessary or include resume.

		# of	Leadership Positions	
Activ	ity	Years	Recognitio	n
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