VIRGINIA M. & ROBERT C. HOPKINS SCHOLARSHIP FUND

This scholarship was established by family and friends of Virginia ("Ginny") M. and Robert C. Hopkins and is awarded annually to a student(s), who at some point in their life, received services from Children’s Service Center of Wyoming Valley. This is a one-year, non-renewable award of approximately $500-$1,000.

**Eligibility Criteria:**

- Received services from Children’s Service Center of Wyoming Valley
- Has shown the ability to overcome hardships
- A hard-working student producing to the best of his or her academic ability
- Demonstrating financial need
- Planning to enroll as an undergraduate in an accredited two or four-year college/university or trade school as a full-time student
- Student, in some way, must show service given back to the community

**Application Information:**

The following must be returned to The Luzerne Foundation by April 15th:

- A completed and signed copy of the scholarship application (clearly printed using dark ink)
- An essay stating why you merit this scholarship. (The essay should not exceed one typewritten, double-spaced page, 12 pitch font)
- A copy of your official cumulative grade transcript through the most recent term
- A copy of your EFC – “Expected Family Contribution” page from your completed FAFSA “Free Application for Federal Student Aid” (FAFSA) report
- Two (2) letters of recommendation from adults other than family members (teachers, clergy, employers, etc.)
THE LUZERNE FOUNDATION'S
VIRGINIA M. AND ROBERT C. HOPKINS SCHOLARSHIP FUND
APPLICATION FOR SCHOLARSHIP

APPLICANT INFORMATION – This application must accompany the requested information and documentation as stated in the Scholarship Criteria. Please print using dark ink.

Name: ____________________________
   First                          Middle                          Last

Permanent Address: ____________________________
   Street                      City                          State  Zip

Date of Birth: ____________     Male __ Female __ Social Security #: XXX-XX-____

Telephone #: ____________     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

   Check if applicable: ( ) father deceased ( ) mother deceased ( ) parents divorced

COLLEGE/UNIVERSITY/CAREER TRAINING INFORMATION

Year in college during the coming academic year: ( ) Fr ( ) Soph ( ) Jr ( ) Sr ( ) Grad

College/Program you are planning to attend ____________________________

Address (City/State) of college: ____________________________

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:

________________________________________________________________________

________________________________________________________________________
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.

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<th>Activity</th>
<th># of Years</th>
<th>Leadership Positions, Awards &amp; Recognition</th>
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WORK EXPERIENCE
Please list your paid work experience during the past four years, beginning with your most recent position.

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<th>Employer</th>
<th>Nature of Work</th>
<th>Dates of Employment</th>
<th>Hrs/Wk</th>
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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
Name of Applicant: ____________________________________________
(Please PRINT your name.)

Have you applied for or received other scholarships or financial assistance?

Organization ____________________________ Amount applied for _____ Received ______

Organization ____________________________ Amount applied for _____ Received ______

REQUERED ATTACHMENTS

In addition to this three-page application form, your application packet should contain:

1. An official transcript from your present or most recently attended school, as well as a copy of your ACT and/or SAT test scores, if available.
2. A personal statement (essay) in 1 page or less, typed using 12 pitch font. Your statement should include information that would help us in knowing you and in determining your eligibility or need (example: the important role Children’s Service Center played in your life; how you are financing your education; previous work experience; reasons for choosing your professional goals - e.g. the arts, education, medical profession, etc.; challenges in your life experience and long range plans after graduation).
3. 2 letters of recommendation from non-family members (e.g., teachers, clergy, employers, etc.)
4. A copy the EFC – “Expected Family Contribution” page from your FAFSA (A complete copy of your Student Aid Report (SAR) must be available upon request.).

I hereby give The Luzerne Foundation 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 acknowledge that all materials submitted in this application become the property of The Luzerne Foundation and will not be returned to sender.

Applicant’s signature ____________________________ Date ______

Parent/Guardian/Spouse signature ____________________________ Date ______

Scholarship Application DEADLINE is April 15th

Return all documentation to:

Scholarship Processing
The Luzerne Foundation
34 South River Street
Wilkes-Barre, PA 18702

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