

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:

Name of Applicant: _____

(Please PRINT your name.)

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 |
|----------|------------|--|
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WORK EXPERIENCE

Please list your paid work experience during the past four years, beginning with your most recent position.

| Employer | Nature of Work | Dates of Employment | Hrs/Wk | Phone |
|----------|----------------|---------------------|--------|-------|
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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 _____

REQUIRED 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.