

The Kristopher Moules Scholarship Fund

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 education studies. Graduating high school seniors or those currently enrolled as a full-time undergraduate students are encouraged to apply.

Eligibility Criteria:

- ▶ Graduating senior from any Luzerne County High School or a student already enrolled as a full time student in a 2 year or 4 year college, university or technical school
- ▶ Hard-working student with at least a 2.6 grade point average
- ▶ Demonstrated financial need
- ▶ Parent(s) must be an employee(s) of Luzerne County Prison

Application Information:

The following materials must be returned to The Luzerne Foundation by **April 21, 2021**.

- Completed and signed Scholarship Application - typed or clearly printed
- An essay on why you merit this scholarship. The essay should not exceed two typewritten, double-spaced pages, 12-point font
- An official cumulative grade transcript through the most recent high school term or college semester
- A copy of your "Free Application for Federal Student Aid" (FAFSA) confirmation page stating your Expected Family Contribution (EFC)
- Two (2) letters of recommendation from adults other than family members

Scholarship DEADLINE is Wednesday, April 21, 2021

**Please submit all documents to:
Scholarship Processing
The Luzerne Foundation
34 South River Street
Wilkes-Barre, PA 18702**

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

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Name of Applicant: _____

(Educational institution) _____

Major: _____

SCHOOL AND COMMUNITY ACTIVITIES

Please list extracurricular, community and religious activities in which you have participated during the past 4 years. Attach additional sheet if needed.

Activity	# of Years	Leadership Positions, Awards & Recognition

WORK EXPERIENCE

Please list your paid work experience during the past four years, *beginning with your most recent position*. Attach additional sheet if necessary.

Employer	Nature of Work	Dates of Employment	Hrs/Wk	Phone #

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