This scholarship was established by the family and friends of Leanne Bedwick and is awarded annually to a student graduating from Meyers High School. This nonrenewable scholarship award is presented in the spring at Meyers High School’s senior awards ceremony.

**Eligibility Criteria:**

- Graduating senior of Meyers High School;
- Preferably, but not limited to, a child of a single parent family;
- A hard-working student producing to the best of his or her academic ability;
- Demonstrated financial need;
- Planning to enroll as an undergraduate in an accredited two or four-year college/university as a full-time student.

**Application Information:**

The following must be returned to The Luzerne Foundation by **Friday, March 27th**.

- A complete Scholarship Application (Typed or clearly printed in dark ink);
- An essay on why you merit this scholarship (The essay should not exceed two typewritten, double-spaced pages);
- An official transcript from your high school and a copy of your ACT and/or SAT test scores;
- 2 letters of recommendation from non-family members (e.g., teachers, clergy, employers, etc.);
- A copy of your FAFSA confirmation page stating your EFC (Expected Family Contribution). **Please note:** A complete copy of your Student Aid Report (SAR) may be requested, but is not required upon application submission.

**Scholarship Application DEADLINE is Friday, March 27, 2020**
APPLICANT INFORMATION:

Name: ____________________________________________

Last  First  Middle

Address: ________________________________________________________________

Street   City    State Zip

Date of Birth:_____________   Male___   Female___  Email: ______________________

Last 4 digits of Social Security #: ___________ Home Phone #:_________________

Cell #: ___________________    Are you a Luzerne County resident? Yes ___  No ___

Name of high school:  _E.L. Meyers High School__  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

Name of spouse (if applicable):______________________________________________

Address:________________________________________________________________

Street    City   State  Zip

COLLEGE/UNIVERSITY INFORMATION:

College you are planning to attend:___________________________________________

Address (City/State) of college:_____________________________________________

Full-time student? Yes ___  No ___     If no, # of credits ________________
Leanne Bedwick Scholarship

Name of Applicant: ________________________________________________________________

(Please PRINT your name.)

Planning to Attend:(Name of educational institution) __________________________________

Major Field of Study: _____________________________________________________________

SCHOOL AND COMMUNITY ACTIVITIES:

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

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<tr>
<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 ________

Applicant’s signature ___________________________ Date ____________

Parent/Guardian/Spouse signature _________________ Date ____________

Important Note: The Leanne Bedwick Scholarship is a one-year scholarship. 50% of the annual scholarship will be awarded for the fall semester. The balance of the scholarship will be awarded for the spring semester contingent upon the recipient maintaining satisfactory academic progress.

Scholarship Application DEADLINE is Friday, March 27, 2020.

Return application and 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.