This award was established by the family of Lisa Ann Marie Blaum and is awarded annually to a G.A.R. High School senior special education student (or a student in a successor institution serving the same geographic area) who must meet the following criteria:

- Currently maintains a cumulative GPA of 3.0 or greater
- An 85% attendance rate or higher
- Involved in at least one extra-curricular or community activity
- NO SUSPENSIONS during senior year
- Demonstrates a financial need
- Desire to advance in an accredited school or trade
- Displays the following characteristics:
  - Positive attitude
  - Respect toward self and others
  - Responsibility
  - Leadership

**Application Information:**

The following must be returned to The Luzerne Foundation by **Friday, March 27th, 2020:**

- One (1) copy of the Scholarship Application
- One (1) copy of an essay on why you merit this scholarship (The essay should not exceed two typewritten, double-spaced pages)
- One (1) copy of your “Free Application for Federal Student Aid” (FAFSA) statement stating your EFC (Expected Family Contribution)
- An official cumulative grade transcript through the most recent term
- Two (2) letters of recommendation from adults other than family members
THE LUZERNE FOUNDATION’S
LISA ANN MARIE BLAUM BRIGHTER FUTURE AWARD FUND
APPLICATION FOR SCHOLARSHIP

APPLICANT INFORMATION

Name: ______________________________________________________________________

First    Middle    Last

Permanent Address: _____________________________________________________________

Street      City  State Zip

Date of Birth: _______________________  Male________       Female________

Last 4 digits of Social Security # ___________ Phone #: _________________________

Luzerne County resident? _____Yes _____No E-Mail Address: ________________________

Current High School: ___________________ Graduation Date: ______________________

FAMILY INFORMATION (Provide the following information where applicable.)

Name of father/stepfather/guardian: _______________________________________________

Address: ______________________________________________________________________

Street       City  State Zip

Daytime Phone #: _____________________  Evening Phone #: _______________________

Name of mother/stepmother/guardian: ______________________________________________

Address: ______________________________________________________________________

Street       City  State Zip

Daytime Phone #: _____________________  Evening Phone #: _______________________

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

Name of spouse: __________________________________________________________________

Address: ______________________________________________________________________

Street       City  State Zip

ADVANCED EDUCATION &/or SCHOOLING/TRAINING INFORMATION

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

College &/or Training you are planning to attend: ___________________________________

Address (City/State): _____________________________________________________________

Full-time student? _____Yes _____No   If no, # of credits _________________________

Major field of study: _____________________________________________________________
Lisa Ann Marie Blaum Brighter Future Award Fund

Name of Applicant: ________________________________________________________________
(Please PRINT your name.)

Name of High School: ________________________________________________________________

Planning to Attend: (Name of 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.

<table>
<thead>
<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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<tr>
<th>Employer</th>
<th>Nature of Work</th>
<th>Dates of Employment</th>
<th>Hrs/Wk</th>
<th>Phone #</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 ___________________________