This scholarship was established by the estate of Ronald E. Hontz, who passed away on November 4, 2015. Ron graduated from Lake-Lehman High School in 1964 and was awarded the Sordoni Foundation Scholarship, which allowed him to attend King's College. He graduated in 1968 with a B.S. in Accounting and began his career with the federal government as an Assistant National Bank Examiner with the U.S. Treasury Department.

Students eligible for this scholarship will be seniors of Lake-Lehman High School or students living in the Lake-Lehman School District who are graduating from the West Side Career & Technology Center, attending a parochial high school, or who are homeschooled.

**Eligibility Criteria:**

- Students residing in the Lake-Lehman School District geographic area who attend Lake-Lehman High School, West Side Career & Technology Center, Holy Redeemer High School, or who are homeschooled
- A hard-working student producing to the best of his/her academic ability maintaining at least a 2.5 GPA
- Demonstrating financial need and the ability to “rise above” economic challenges
- Planning to enroll as an undergraduate in an accredited two or four-year college/university or vocational training program as a full-time student

**Application Requirements:** In addition to the three-page application form, your application packet should contain:

- 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.
- A personal statement in 300-500 words, double-spaced, with one-inch margins and 12-pitch font. Your statement should include information that would help us in knowing you and in determining your eligibility or need based on the scholarship criteria (for example: how you are financing your education; previous work and/or volunteer experience and why it was important to you; reasons for choosing your future goals - e.g. the medical profession, law, business, social services, etc.; challenges in your life experience; and long range plans after graduation).
- A list of your extracurricular and volunteer activities, plus any work experience.
- 2 letters of recommendation from non-family members (e.g., teachers, clergy, employers, etc.).
- A copy of the confirmation page of your FAFSA report 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 – This application must accompany the requested information, documentation, and/or letters of recommendation, etc. as stated in the Scholarship Criteria. Please use additional sheets as necessary.

Name: ________________________________________________________________________

First    Middle    Last

Permanent Address: _____________________________________________________________

Street   City     State     Zip

Date of Birth: ____________ Male__   Female__

Telephone #:______________   Cell Phone#: _____________  Other Phone #: ______________

E-Mail: ______________________________ Luzerne County resident? ___Yes ___No

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________________

Major Field of Study:_______________________________________________________
SCHOOL AND COMMUNITY ACTIVITIES:
Please list extracurricular, community, volunteer and religious activities in which you have participated during the past 4 years. Attach additional sheets as necessary.

<table>
<thead>
<tr>
<th>Activity</th>
<th># of Years</th>
<th>Leadership Positions, Awards &amp; Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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? **Please note:** The Ronald E. Hontz Scholarship award cannot exceed educational costs. Please complete the information below to the best of your ability. You may be asked for additional information in order to assure compliance in the scholarship process.

  Organization ___________________________ Amount applied for ________ Received ____________

  Organization ___________________________ Amount applied for ________ Received ____________

  Organization ___________________________ Amount applied for ________ Received ____________

  Organization ___________________________ Amount applied for ________ Received ____________

  ___________________________________________________________________________________________

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/or 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 the sender.

Applicant’s signature ___________________________________________ Date _____________

Parent/Guardian/Spouse signature ___________________________ Date _____________

**Scholarship DEADLINE is Friday, March 27, 2020**

Please submit application and required documents to:

**Scholarship Processing**

**The Luzerne Foundation**

34 South River Street

Wilkes-Barre, PA 18702

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