This scholarship was established by family and friends of Mary Ann Malinics Kaminski and is awarded annually to a student residing in Dupont or the surrounding area. This is a one-year nonrenewable scholarship.

**Eligibility Criteria:**

- Preferably, but not limited to, a student residing in Dupont or Pittston Township
- Graduating Pittston Area High School senior
- A hard-working student producing to the best of their academic ability
- Demonstrating financial need
- Planning to enroll as an undergraduate in an accredited two or four-year college/university as a full-time student
- The recipient is required to maintain at least a “C” average at the college of his/her choice

**Application Information:**

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

- One (1) copy of the Scholarship Application.
- One (1) copy of an essay stating why you merit this scholarship (The essay should not exceed two typewritten, double-spaced pages).
- One (1) copy of an official cumulative grade high school transcript through the most recent term.
- One (1) Copy of your “Free Application for Federal Student Aid” (FAFSA) report confirmation page stating your Expected Family Contribution (EFC).
- Two (2) letters of recommendation from adults other than family members, which can include teachers, clergy, coaches, employers.

**Scholarship DEADLINE is March 27, 2020**

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.
APPLICANT INFORMATION (Please print using dark ink.)

Name:__________________________________________________________________  First             Middle             Last

Permanent Address:___________________________________________________________  Street    City   State Zip

Date of Birth: ____/____/____Male___  Female___  Email: ______________________

Social Security #: xxx-xx-________  Home #:_______________  Cell #:: _________________

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:______________________________________________________________

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:__________________________________________________________
Mary Ann Malinics Kaminiski Memorial Scholarship

Name of Applicant: ________________________________________________________________

Name of educational institution you plan to attend: ____________________________________

Major (if decided): ________________________________________________________________

### SCHOOL AND COMMUNITY ACTIVITIES

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

<table>
<thead>
<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