The Frank Pasdon Memorial Scholarship Fund of The Luzerne Foundation

Eligibility Criteria

The Frank Pasdon Memorial Scholarship Fund was established by family and friends of Frank Pasdon to thank the residents of the greater Jim Thorpe area who, as customers to the Jim Thorpe Market, allowed the success of the business. The scholarship fund will support qualified students from the area who meet the following eligibility criteria:

- The applicant must reside in the geographic area served by the Jim Thorpe School District. However, the student may attend any public, private or parochial high school, as well as “home schooled students,” who have satisfied the requirements for a high school diploma.
- The applicant must pursue advanced post high school education at a recognized university, college, career training center, vocational training institution, etc.
- The applicant must show a consistent history of community volunteerism and/or work experience during his/her high school years.
- The applicant must complete the full Frank Pasdon Memorial Scholarship application and provide requested letters of reference from two or more non-family members.
- The applicant must submit a brief essay on why this scholarship is important to him/her and how it might help them achieve their long-term life goals.
- The successful applicant must remain a student in good standing and maintain a minimum 2.75 Grade Point Average on a 4.0 scale.
- The application will not be considered complete until all required materials have been received at The Luzerne Foundation on or before the publicized due date. Any materials after the due date will be considered invalid and the application null and incomplete.
- An official transcript from your present or most recently attended school.
- Applicants should also enclose a copy of their ACT and/or SAT test scores, if available.
- A personal statement in 2 pages or less, typed, 12 pitch with one inch margins all around. Your statement should include information that would help us in knowing you and in determining your eligibility or need (example: challenges in your life experience and long-range plans after graduation; how you are financing your education; reasons for choosing your professional goals - e.g. the arts, education, medical profession, business, etc.).
- The importance and lessons learned through your work experience and/or volunteer extracurricular activities.
- 2-3 letters of recommendation from non-family members (e.g., teachers, clergy, employers, etc.).
- A copy the EFC – Expected Family Contribution confirmation page from your FAFSA Application).

The Frank Pasdon Memorial Scholarship is for a single academic year and is non-renewable. One half of the scholarship will be paid to the school in July and, upon confirmation of grades and continued attendance, the second portion will be distributed in December. The payment must go directly to the school, not the student.

Based upon additional contributions and/or long-term market appreciation of the endowment, and at the donor’s sole discretion; the scholarship amount, the renewability and number of scholarships may be changed over time.
APPLICANT INFORMATION – This completed and signed application must accompany the requested information and documentation, personal statement, letters of recommendation, etc. as stated in the Scholarship Criteria.  

*Application Deadline is March 27, 2020*

Name: ____________________________________________________________________________
First    Middle    Last

Permanent Address: _________________________________________________________________
Street   City   State Zip

Date of Birth: ______________ Male __   Female __ Social Security #: xxx-xx-________

Permanent Phone #: ____________   Mobile Phone #: ____________   Other Phone #: ____________

E-Mail: ____________________________________ Carbon County resident? ____Yes ___No

High School: _______________________________________ Graduation Date: _________________

FAMILY INFORMATION (Provide the following information where applicable.)

Name of father/stepfather/guardian: _______________________________ Primary Ph #: ___________
Address: ___________________________________________________________________________
Street   City   State   Zip

Name of mother/stepmother/guardian: _____________________________ Primary Ph #: __________
Address: ___________________________________________________________________________
Street   City   State   Zip

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

Name of spouse: _______________________________________________ Primary Ph #: __________
Address: ___________________________________________________________________________
Street   City   State   Zip

COLLEGE/UNIVERSITY/ADVANCED EDUCATION INFORMATION

Year in college during the upcoming academic year:   ( ) Fr  ( ) Soph  ( )Jr   ( ) Sr   ( ) Grad

College you are planning to attend_______________________________________________________
Address (City/State) of college: __________________________________________________

Full-time student? ______Yes ______No  If no, # of credits_______

Intended Major Field of Study, if any: ____________________________________________________
**SCHOOL AND COMMUNITY ACTIVITIES**
Please list extracurricular, volunteer, community and religious activities in which you have participated during the past 4 years. Attach additional sheet if needed.

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<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 ____________

* REQUIRED ATTACHMENTS *

In addition to this three-page application form, your application packet must contain:

1. An official transcript from your present or most recently attended school. High School students should also enclose a copy of your ACT and/or SAT test scores, if available.
2. A personal statement in 2 pages or less, typed, 12 pitch with one inch margins all around. Your statement should include information that would help us in knowing you and in determining your eligibility or need (example: your involvement with St. Ignatius Parish and other community activities; how you are financing your education; previous work experience; reasons for choosing your professional goals - e.g. the arts, education, medical profession, etc.; challenges in your life experience and long range plans after graduation).
3. Two (2) Letters of recommendation from adults who are non-family members (e.g., teachers, employers, etc.) and One (1) from a representative of the church community.
4. A copy the EFC – Expected Family Contribution from the confirmation page of your FAFSA report. (A complete copy of your Student Aid Report (SAR) must be available upon request).

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 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 sender.

Applicant’s signature __________________________ Date ______________

Parent/Guardian/Spouse signature __________________________ Date ______________

How did you hear about our scholarships? School ___________ Newspaper ___________

Web Site (give URL) __________________________ Other __________________________

Scholarship Application DEADLINE is Friday, March 27, 2020. Return all documents 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.