THE MICHAEL B. SCHECTER MEMORIAL SCHOLARSHIP FUND
CRITERIA

The primary purpose of the Fund shall be to preserve the legacy of Michael B. Schecter whose joy of life was cut short by cancer in July of 2004. The Michael B. Schecter Memorial Scholarship Fund will honor Mike’s benevolent spirit and commitment to his community, family and friends. The Memorial Scholarship Fund was established to make it possible for deserving college-bound students from the Stroudsburg High School to benefit from Michael’s legacy of leadership and academic excellence. This is a one-year nonrenewable award.

Eligibility Criteria:

- Must be a graduating senior from Stroudsburg High School, Stroudsburg, PA
- A student with a sincere interest in the sciences, especially biology, as a potential major field of study in college
- A hard-working student producing to the best of his or her academic ability
- Demonstration of financial need
- Plans to enroll as an undergraduate in an accredited two or four-year college/university as a full-time student
- The recipient will be required to maintain at least a “C” average at the college of his or her choice.

Application Information:
The following must be returned to The Luzerne Foundation by Friday, March 27, 2020:

- Completed and signed Scholarship Application (Typed or clearly printed using dark ink).
- 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.
- A personal statement in 300-500 words, double-spaced, with one-inch margins and 12-pitch font. Essay should state why you merit this scholarship. The essay should not exceed two typewritten, double-spaced pages.
- A list of your extracurricular and volunteer activities plus any work experience.
- 2 Letters of recommendation from non-family members (teachers, coaches, clergy, employers)
- A copy of the confirmation page from 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.

Please remit 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**

Name: ____________________________________________________________

Last    First    Middle

Permanent Address: ________________________________________________

Street    City    State    Zip

Date of Birth: ____/____/____  Male___  Female___    Social Security # xxx-xx-______

Home #:______________  Cell #: _______________  Email:_______________________

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**

Year in college during the coming 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________________
The Michael B. Schecter Memorial Scholarship Fund

Name of Applicant: ________________________________________________________
Name of High School: Stroudsburg High School
Planning to Attend: (Name of educational institution) ___________________________
Major (if decided): ___________________________________________________________________

SCHOOL AND COMMUNITY ACTIVITIES
Please list extracurricular, community and religious activities in which you have participated during the past 4 years. You may attach additional sheets if necessary.

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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