The Jacob T. Shedlock Memorial Scholarship Fund was created by the family and friends of Jacob Timothy Shedlock in his honor and memory after his untimely death at the age of 18 on November 23, 2018.

The Jacob T. Shedlock Memorial Scholarship Fund shall recognize and award scholarship assistance to qualified graduates, either male or female, of Coughlin High School in the Wilkes-Barre Area School District (or its successor public high school). The scholarship is for one year and is non-renewable. All candidates must meet the following eligibility criteria:

- Must have an average GPA through high school of **3.0 or better on a maximum 4.0 grading system**.
- Must plan to be a full-time student attending an accredited 4-year institution of higher education pursuing a bachelor’s degree.
- Must submit the completed Scholarship Application and all required attachments, documentation and recommendations by the stated due date.
- Must remain a student in good standing at the educational institution and maintain at least a 3.0 average GPA each semester.

The Jacob T. Shedlock Memorial Scholarship Review Committee shall be comprised of Guidance Counselors, Faculty and Administrators of Coughlin High School and Jacob’s family. The Committee shall review all applications in order to be as fair and objective as possible without favoritism or bias, nor regard to race, creed, color or sexual orientation. Direct family members or blood relatives of any member of the Committee shall be ineligible to apply.

After their deliberations, the Committee shall notify The Luzerne Foundation of their recommended scholarship recipient(s) and provide appropriate contact information and documentation as to the selection process and of the recipient(s) eligibility.

**REQUIRED ATTACHMENTS**

In addition to the completed application form, your application packet should contain:

- An essay on why you merit this scholarship (The essay should not exceed two typewritten, double-spaced pages). Your essay 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; or long range plans after graduation).
- An official academic transcript from your present school as well as a copy of ACT and/or SAT test scores.
- A list of your extracurricular and volunteer activities plus any work experience.
- 2-3 letters of recommendation from non-family members (e.g., teachers, clergy, employers, etc.)
- The EFC (Expected Family Contribution) confirmation page from your FAFSA report. **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, April 24, 2020.**
Jacob T. Shedlock Memorial Scholarship of The Luzerne Foundation

APPLICANT INFORMATION

Name: ____________________________________________
   Last    First    Middle

Permanent Address: _______________________________________________________
   Street    City    State    Zip

Date of Birth: _____________________________  Male______       Female_______

Last 4 digits of Social Security #: ________  Telephone #:___________________

Luzerne County resident? ___Yes ___No  E-mail: _______________________________

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_________________
Jacob T. Shedlock Memorial Scholarship Fund of The Luzerne Foundation

Name of Applicant: ____________________________________________________________

(Please PRINT your name.)

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. Use additional sheets if 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>
</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>
</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?

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 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 __________

Important Note: The Jacob T. Shedlock Memorial Scholarship is a one-year scholarship. 50% of the annual scholarship will be awarded for the fall semester. The balance of the scholarship will be awarded for the spring semester, contingent upon the recipient maintaining satisfactory academic progress. A copy of the recipient’s fall transcript is required in order to receive the second scholarship disbursement.

Return completed scholarship packet to The Guidance Office by Friday, April 24, 2020.

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