

# **The William R Livingston II Memorial Scholarship**



**Student Application Form**

**One (1) \$ 3000.00 Scholarship Award**

**Application Deadline**

**5/1/2023**

# Award Application

## Description of Award

The William R Livingston Memorial Scholarship Fund, in partnership with the Larry Bruno Foundation, a 501(c)3 non-profit organization, distributes an annual scholarship in the amount of \$3,000.00 to a deserving individual(s) committed to the betterment of self and others through law enforcement and community service.

## Criteria of Award for Applicants

The Scholarship Awards Committee will make the final selection of the Scholarship recipient. The winner will be notified within 30 days from the May 1, 2023 application deadline.

Award selection will be based on the following criteria:

- Fully completed application form
- 250 word essay describing applicant's interest in and commitment to the Criminal Justice field
- Current or former high school senior at one of the following school districts: Beaver Falls, New Brighton or Blackhawk
- Accepted into or currently enrolled in a Criminal Justice Program at an accredited school

### STUDENTS ONLY

- 250 word essay describing applicant's interest in and commitment to the Criminal Justice field
- Will have demonstrated academic strength with a minimum of 2.5 GPA or above
- Will have demonstrated and continues to demonstrate Professionalism-Service-Leadership in community involvement and extracurricular school activities.
- Complete and submit all application materials by the May 1, 2023 deadline.
- Provide two references
  - A letter of reference from a non-family member
  - Completed Teacher Recommendation Form
- Any student under the age of eighteen applying for the Scholarship must provide written permission from a Parent or Guardian

**PLEASE NOTE:** In the event less than two (2) applications are received, the Committee reserves the right to expand the criteria as they see fit.

# **Student Application Packet**

A completed packet must be submitted on or before the deadline of May 1, 2023. Applications received after the deadline will be reviewed based on availability of funds.

A complete packet must contain the following items:

## **Personal Information Form**

### **Essay**

A 250 word essay detailing how the applicant's educational and personal experience has prepared them for college and career.

The applicant's name and date must appear at the top of the essay and text must be double-spaced.

## **Academic Profile**

## **Leadership and Service Profile**

### **Official Transcript**

Submit grades 11-12

Can be submitted by Guidance Office or included in mailed packet.

### **Two Letters of Recommendation**

Using the forms provided, applicants must submit a letter of reference from a non-family member and a letter of recommendation from a teacher or Guidance Counseling the applicant's academic, service, and leadership accomplishments. Both letters must be submitted with the application packet.

# Personal Information Form

*All of the biographical information requested on the Personal Information Form must be completed.*

Applicant Name:

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Last      First      MI

Home Phone (if available): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address:

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Street      Apt. #

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City      State      Zip Code

Current School District Attending: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Currently accepted into an accredited criminal justice program (please circle):    Yes    No

Planned Field of Study: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Name of Parent and/or Guardian: \_\_\_\_\_

## Academic Profile

List all high schools attended starting with the most current. Official transcript must also be included or sent by Guidance Office via mail to the address provided in the packet. All information must be received **NO LATER THAN May 1, 2023.**

Name of High School(s):

City:

Dates Attended:

Cumulative GPA:

### ACT or SAT Scores

Date taken: \_\_\_\_\_

**SAT Total Score:** \_\_\_\_\_

Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_

**ACT Composite Score:** \_\_\_\_\_

English: \_\_\_\_\_ Mathematics: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_

## Leadership and Service Profile

### Community Service:

List all volunteer activities in which the applicant participated without pay during high school (for example: mentoring/tutoring, church activities, work in social service organizations).

Organization(s):

Event(s):

Total Hours of Volunteer Work

### Extra-Curricular Activities:

List all organizations or activities in which the nominee has participated. Also, list any leadership positions to which the nominee was *elected*, *appointed*, or *employed*

Organization or Activity Name(s)

Leadership Position Held (if applicable)

### Honors:

List all honors and awards the nominee has received (For example: academic, sports, clubs).

## Letter of Recommendation (Non-family member)

Name of Applicant: \_\_\_\_\_

**To the recommender:** We would appreciate your candid evaluation of the above named applicant. Please include your professional impressions of the candidate's intellectual capabilities, professional skill, past academic performance, previous work experience, character and personality, motivation and purpose. **Include your comments below and/or attach a separate, signed letter.**

It is our standard practice to discard this form and all other evaluative documents, except the application and transcripts, upon completion of the selection process.

In what capacity and how long have you known the applicant?

Based on personal experience with the applicant I would rank this person:

below average     average     above average     outstanding     exceptional

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

To the applicant: The Family Education Right and Privacy Act of 1974 gives you right of access to this evaluation. The law also permits you to waive this right if you choose. The rights you waive include, but are not limited to the right to have a copy of this letter made for your own use, and the right to request any amendment of this letter. Such a waiver is not a condition of admission. Please indicate your choice and sign below.

I agree to waive access to this statement.     I do not agree to waive access to this statement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return the application to:**

**William R Livingston II Memorial Scholarship Fund Committee  
C/O John Luce  
2902 Darlington Rd.  
Beaver Falls, PA 15010**

## Teacher/Counselor Recommendation Form

\_\_\_\_\_ is applying for the William R. Livingston II Memorial Scholarship Fund which will help to fund the applicant's future studies at the Community College of Beaver County. Your evaluation of the applicant will be helpful in the selection of the recipient.

Please rate your responses according to the following:

4-Superior      3-Above Average      2-Average      1-Below Average

- Student demonstrates an enthusiasm for academic pursuits
- Student demonstrates responsibility
- Student maintains a good attendance record
- Student follows rules/directions
- Student arrives to class on time
- Student stays on task
- Student completes assignments on time
- Student demonstrates a sense of fair play
- Student demonstrates perseverance--sees assignment through to completion
- Student demonstrates a sense of conviction
- Student demonstrates compassion
- Student is trustworthy in the classroom
- Student shows respect for his/her peers
- Student demonstrates reliability
- Student is honest



## Disclosure

I hereby certify that the information provided in this application packet is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. I understand that if I withdraw from school I will notify **The William R Livingston II Committee** within 30 days of withdrawal.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo and Name Release

Name of Applicant (please print): \_\_\_\_\_

I hereby authorize **William R Livingston II Memorial Scholarship Fund in partnership with the Larry Bruno Foundation** to publish any scholarship award photographs taken of me, and my name, for use in above printed publications and websites. I acknowledge that since my participation in publications and websites is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by the above confers upon me no rights of ownership whatsoever. I release **William R Livingston II Memorial Scholarship Fund in partnership with the Larry Bruno Foundation**, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I agree to the above release (please select one):  Yes  No

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Participation in the photo and name release is not a requirement for receiving the scholarship award. All applicants will be evaluated based on the same criteria as noted earlier in the application.*