Announcing
The 2020 Cooper Levenson Foundation Inc.’s Scholarship Fund

Who: New Jersey High School seniors

What: A grant from the Cooper Levenson Foundation Inc.’s Scholarship

When: Deadline April 3, 2020

Why: Because Cooper Levenson believes:

1.) that giving back to the communities they serve is the responsibility of a good corporate citizen

2.) that investing in the education of the next generation is one of the best ways to insure the continuous improvement of a community

3.) in helping high school seniors who demonstrate civic responsibility and academic achievement despite challenges
COOPER LEVENSON FOUNDATION INC.’S SCHOLARSHIP FUND SUBMISSION GUIDELINES

Nominees:

- Must demonstrate academic excellence
- Must demonstrate active involvement as a volunteer for community-enhancing activities or organizations as validated by an adult supervisor
- Must be U.S. citizen or permanent resident
- Must not be an immediate relative of a Cooper Levenson employee
- Must be a senior graduating from high school in 2020
- Must provide proof of SAT Combined or ACT Composite test scores
- Must include an official high school transcript with the application
- Must demonstrate financial need. Include:
  1.) your SAR (Student Aid Report) or a copy of your submitted FAFSA, if the SAR is not available.
  2.) if applicable, your letter of eligibility for a Pell Grant.
- Must be planning to enroll as a full-time student for the upcoming fall (2020) semester in an accredited 2- or 4-year college or university
- Must agree to a personal interview if deemed necessary by the review committee
- Must provide two letters of recommendation – one from a teacher or school official and one from a community service related supervisor.
- Complete the application and hand deliver or mail. Submissions must be received BEFORE 5 p.m. on April 3, 2020. Deliver to:

Cooper Levenson Foundation Inc.
Attn: Donna Vecere, Director of Marketing
1125 Atlantic Avenue
Atlantic City, NJ 08401

Questions? Call Donna Vecere 609-572-7362 dvecere@cooperlevenson.com
Cooper Levenson Foundation Inc.
Scholarship Award Nomination Form

**Students:** Complete section #2 and request support from:
1.) a teacher or school administrator, who must complete Section #1a, and
2.) a supervisor at a volunteer organization where you served, who must complete Section #1b.
Supporters agree to be interviewed by telephone if additional information is needed.
**Must be received by the deadline of April 3, 2020**

**Section #1a**
School Representative Data

Name of High School: _________________________________________________________________
School Address:_____________________________________________________________________
City:_________________________________State:____ Zip Code:____________

Supporter Name_______________________Position_________________
Primary Telephone _____________________________________________________________
Secondary Telephone #2______________________________________________
Email Address______________________________________________________________

**Section #1b**
Volunteer Organization Representative Data

Name of Volunteer Organization: _____________________________________________________
Organization Address:________________________________________________________________
City:_________________________________State:____ Zip Code:____________

Supporter Name_______________________Position_________________
Primary Telephone _____________________________________________________________
Secondary Telephone #2______________________________________________
Email Address______________________________________________________________
Section #2
Student Nominee Data

First Name:_________________Middle Initial:_______Last Name__________________________
Address:______________________________________________________________________________
City:_________________________________________State:_______Zip Code:____________________
Telephone:____________________Telephone #2___________________________________________
Email Address______________________________________________GPA ___________ SAT or ACT Score(s) ___________________________________________
College or University expected to attend:______________________________________________
City________________________________________State______________________________

What degree are you pursuing? ________Associate (AA) ________Undergraduate (BS, BA)

What is your intended major?__________________________________________________________

What is your intended career?__________________________________________________________

How did you hear about the Cooper Levenson Foundation Inc.’s Scholarship Fund?  
Counselor _______________ Teacher________________
Friend/Family_____________Website___________________
Other (please specify) _________________________________________________________________

Work Experience
Employer:____________________________________________________________________________
Position:______________________________________________________________________________
From: Mo/Yr _____________ To: Mo/Yr_________________Hours per week_____________________
Contact Name and Telephone______________________________________________________________

Employer:____________________________________________________________________________
Position:______________________________________________________________________________
From: Mo/Yr _____________ To: Mo/Yr_________________Hours per week_____________________
Contact Name and Telephone______________________________________________________________

Activities, Offices Held, Awards, Honors
List all community and school activities you have participated during your high school years. Be sure to include any special awards or honors in each activity listed.

Name of activity, office, award, honor
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Year
____________________
____________________
____________________
____________________
____________________
____________________

4 of 6
About You

Attach two (2) documents, 500 to 1,000 words each, answering the following questions:

1.) Describe a community-service organization or event that you have taken an active role in. Be sure to describe your role and include a statement as to how the organization or event impacts the community, including yourself.

2.) Describe a significant challenge that you have faced and how you met the challenge. What impact did this challenge have on you as a person?

Section #3
Terms and Conditions

Release of information

If selected as a recipient of the Cooper Levenson Foundation Inc.’s Scholarship Fund, I authorize Cooper Levenson to use my name, photograph and any other information they deem appropriate for press and media purposes.

__________________________________________________  ______________
Signature of Applicant                                      Date

__________________________________________________  ______________
Signature of Parent or Guardian                             Date

Applicant Certification

I certify that this and all attached sheets were authored personally and that the statements included are all true. I agree that this application can be reviewed by Cooper Levenson and / or their assigns and understand that falsification can result in the termination of any scholarship granted. I understand that if I do not submit complete information or if the materials do not arrive together, my application will be considered incomplete and will not be considered. I also understand that if the application arrives late, my application is incomplete and will not be considered.

__________________________________________________  ______________
Signature of Applicant                                      Date

__________________________________________________  ______________
Signature of Parent or Guardian                             Date
Application Checklist

This form must be completed, signed, and submitted with the application.

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<thead>
<tr>
<th>Item</th>
<th>Included (check here)</th>
<th>Cooper Levenson Use Only</th>
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<tbody>
<tr>
<td>Section #1a completed by a teacher or school administrator</td>
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<tr>
<td>Section #1b, completed by a supervisor at a volunteer organization where you served</td>
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<td>Section 2, Student information, completed in its entirety</td>
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<td>Letter of Recommendation #1</td>
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<td>Letter of Recommendation #2</td>
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<td>Official copy of High School Transcript</td>
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<td>Proof of SAT combined score or ACT composite score</td>
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<td>Terms and conditions signed by student and parent or guardian</td>
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<td>Essay #1</td>
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<td>Essay #2</td>
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This form completed by:

____________________________________________________
Print Name

____________________________________________________
Signature

____________________________________________________
Date