

Announcing
***The 2024 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 5, 2024**

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.
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 **2024**
- 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 (2024) semester in an accredited 2- or 4-year college or university
- Must provide two letters of recommendation – one from a teacher or school official and one from a community service related supervisor.
- Complete the application, mail or submit via email to (dvecere@cooperlevenson.com). Submissions must be received BEFORE 5 p.m. on **April 5, 2024**. Deliver to:

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

Questions? Call Angela Robinson 609-572-7642 arobinson@cooperlevenson.com



**2024 Cooper Levenson Scholarship Fund – Applicant
COVER SHEET**

Name:

Hometown:

School:

GPA:

Class Rank:

SAT / ACT:

Notes:

(to be filled by Cooper Levenson)

Application Checklist

This form must be completed, signed, and submitted with the application. **Please submit in the order below.**

Item	Included (check here)	Cooper Levenson Use Only
Section #1a completed by a teacher or school administrator		
Section #1b, completed by a supervisor at a volunteer organization where you served		
Section 2, Student information, completed in its entirety		
Letter of Recommendation #1		
Letter of Recommendation #2		
Official copy of High School Transcript		
Proof of SAT combined score or ACT composite score		
Terms and conditions signed by student and parent or guardian		
Essay #1		
Essay #2		
SAR report copy, or copy of submitted FAFSA		
Letter of eligibility for a Pell Grant, if applicable		

This form completed by:

Print Name

Signature

Date

**Cooper Levenson Foundation Inc.
Scholarship Award Nomination Form**

Students: Complete section #2 and request support from:

- 1.) a teacher or school administrator and
- 2.) a supervisor at a volunteer organization where you served.

Supporters agree to be interviewed by telephone if additional information is needed.

Must be received by the deadline of April 5, 2024

**Section #1a
School Representative Data**

Name of High School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Supporter Name _____

Position _____

Telephone _____

Email Address _____

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

Name of Volunteer Organization: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Supporter Name _____

Position _____

Telephone _____

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
_____	_____
_____	_____
_____	_____

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