

The William R Livingston II Memorial Scholarship



Student Application Form

One (1) \$ 4000.00 Scholarship Award

Application Deadline

6/1/2025

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 \$4,000.00 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 June 1, 2025 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 related program (including but not limited to police officer, crime scene investigation, forensics, etc.) 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 June 1, 2025 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 June 1, 2025. 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.

Return the Application to:

Completed application packets must be received **on or before June 1, 2025**. The application is fillable and can be completed without printing.

There are two ways to submit your application:

1. Complete digitally, save and email to johnnewjob1@yahoo.com.
2. Print, complete and mail to:

William R Livingston II Memorial Scholarship Fund Committee
C/O John Luce
2902 Darlington Rd. Unit 1003
Beaver Falls, PA 15010

Personal Information Form

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

Applicant Name:

Last First MI

Home Phone (if available): _____ Cell Phone: _____

Permanent Address:

Street Apt. #

City State Zip Code

Current School District Attending: _____

E-mail Address: _____

Currently accepted into an accredited criminal justice program (please check): ☐ 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 June 1, 2025.**

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: _____
(Type name in lieu of signature)

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: _____

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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: _____
(Type name in lieu of signature)

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: _____
(Type name in lieu of signature)

Signature of Parent/Guardian: _____
(Type name in lieu of signature)

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.