



LUZERNE INTERMEDIATE UNIT

368 Tioga Avenue
Kingston, Pennsylvania 18704-5117

Dr. Anthony Grieco
Executive Director

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Personalized Academy of
Learning


John J. Gordon
Business Manager

Jennifer Runquist
Behavioral Health

Ty Yost
Assistant to the Executive
Director for District Services

Joseph DeLuca
Administrative Services

TO: School District Guidance Counselors

FROM: Mary Jo Fulton, Executive Assistant 

RE: Elizabeth Cadwalader Stoddart Scholarship

DATE: September 13, 2024

Enclosed please find a copy of the Stoddart Scholarship application that is being provided to you for your students.

The scholarship is designated for a **female student** that meets specific guidelines detailed on the front page of the scholarship application.

Please feel free to **duplicate** the application as needed. All applications must be submitted by **March 14, 2025** to the Luzerne Intermediate in order to be considered for this award.

Please **enclose a copy of the applicants' high school transcripts** with the completed application.

Please **return application and copy of transcripts to:**

Luzerne Intermediate Unit #18
Attn: Dr. Anthony Grieco, Executive Director
368 Tioga Avenue
Kingston PA 18704

If you have any questions, please feel free to contact me at 570-718-4611 or email me at mjfulton@liu18.org

Thank you.

THE HARRY T. STODDART FUND

Girard Bank, Philadelphia, PA, 19101, Trustee

APPLICATION FOR THE ELIZABETH CADWALADER STODDART SCHOLARSHIP

This Scholarship according to the Will of Harry T. Stoddart, deceased, is awarded to girls who cannot, without such aid, meet the expenses of learning a trade, vocation, business or profession to enable them to support themselves. It is therefore, essential that each applicant furnish complete and accurate information concerning the extent of her need, confirmed by the signature of parent or guardian. So far as practicable, it will be treated as confidential. Please be careful to answer all questions, being as specific as possible.

In order to receive full consideration, applications for financial assistance must be submitted by **March 14, 2025** to the Luzerne Intermediate Unit, 368 Tioga Avenue, Kingston, PA 18704.

Prospective applicants should note that their applications for admission to a college, vocational school, or other must be approved by the institution to which admission is desired before consideration can be given to their applications for financial assistance.

The money value of this Scholarship will be paid over by the Trustee to the Institution (College, vocational school or other) for cost of tuition and to pay such other amounts, such as board, lodging and incidental expenses, as the Luzerne Intermediate Unit Scholarship Advisory Committee shall from time to time certify to the Trustee.

RETURN APPLICATION TO:

**Dr. Anthony Grieco
Executive Director
Luzerne Intermediate Unit 18
368 Tioga Avenue
Kingston PA 18704**

In consideration of the facts set forth in this application, I respectfully petition the Luzerne Intermediate Unit Scholarship Advisory committee to consider me for financial assistance, beginning with the 20__ term, the stipend to be paid to the following only in the case I am an undergraduate student in regular and good standing:

Name of Institution

Address of Institution

APPLICANT INFORMATION

1. Full name: _____
2. Home address: _____
Number, Street, City and Zip
3. Date of Birth: _____ 3a. Place of Birth _____
4. Social Security Number: _____ 4a. Phone Number _____
5. Parents full names:
Father _____ Place of Birth _____
Mother _____ Place of Birth _____
6. Is either parent deceased? NO _____ YES _____
7. Father's occupation _____
Mother's occupation _____
8. How many are dependent on the income of your parent or parents? List them, giving names and ages of siblings:

ANNUAL INCOME OF PARENT AND/OR PARENTS

1. (a) Salaries and wages after taxes\$ _____
(b) Other income\$ _____
Net income\$ _____
2. Federal Income Tax paid last year by parent or parents\$ _____

9. If any member of your immediate family, other than your parent or parents, are employed, name them and state their occupation

10. Name any brothers and sisters who are in college at the present time and state which college:

11. How much money *beyond what you will earn* can you count on for your college or other training school expenses for the coming year?

12. From what source is this money expected?

13. Please estimate the amount you will need each year to meet college expenses, including tuition, room, board, fees, transportation, etc:

14. What profession or vocation do you plan to prepare:

15. Name of High School you presently attend _____

16. Grade Level: _____

17. Have you been awarded any other scholarships? _____ Yes _____ No

STATEMENT OF FINANCIAL NEED

(To be completed by applicant)

I declare that neither my parents, nor guardians, nor myself, have the means to enable me to undertake this training course without such aid. I understand that all aid is conditional upon satisfactory conduct and scholarship.

_____ Date

_____ Signature of Applicant

NOTE: In case the foregoing statement does not accurately represent the facts, it is necessary to attach a note of explanation.

TO BE SIGNED BY PARENT OR GUARDIAN

I hereby declare that I have read the foregoing statements and that to the best of my knowledge and belief, they are correct.

_____ Date

_____ Parent or Guardian