

*Announcing*  
**The 2025 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 4, 2025**

**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 **2025**
- 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 (2025) 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 4, 2025**. 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



**2025 Cooper Levenson Scholarship Fund – Applicant  
COVER SHEET**

**Name:**

**Hometown:**

**School:**

**GPA:**

**Class Rank:**

**SAT / ACT:**

**Notes:**

(to be filled by Cooper Levenson)

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### 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 4, 2025**

**Section #1a  
School Representative Data**

Name of High School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supporter Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

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**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.

<b>Name of activity, office, award, honor</b>	<b>Year</b>
_____	_____
_____	_____
_____	_____

**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