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Announcing

The 2026 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, 2026**

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

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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 **2026**
- 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 (2026) 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 (ssmith@cooperlevenson.com). Submissions must be received BEFORE 5 p.m. on **April 3, 2026**. Deliver to:

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

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

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2026 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

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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 3, 2026

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_____

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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

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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