



913 MAIN STREET
STROUDSBURG PA 18360
570.424.7288
FAX 570.424.8234

January 1, 2026

Re: A. Mitchell Palmer Scholarship

TO: Monroe County Public Schools

The Monroe County Bar Foundation is pleased to offer scholarships to graduating seniors who wish to continue their education in a law-related field.

The Foundation continues to offer scholarships to all four public school districts in Monroe County, as well as students in East Stroudsburg School District North who reside in Monroe County. The qualifying criterion is provided along with the current application.

If you have any questions, please contact the Monroe County Bar Foundation at info2@monroebar.org or 570.424.7288.

Sincerely,

William J. Reaser, Jr. |e|

William J. Reaser, Jr., Esquire
Chairperson

Enclosed:
2025-2026 Scholarship Guidelines
2025-2026 Scholarship Application

A. MITCHELL PALMER SCHOLARSHIP APPLICATION FORM

All **fully completed** Applications must be **returned to the Guidance Department**, who will complete the last page and forward all completed applications to: **info2@monroebar.org** or mail to **Monroe County Bar Foundation 913 Main Street Stroudsburg, PA 18360 no later than Friday, March 28, 2026.**

To be completed by applicant:

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

Telephone Number _____ Email Address _____

Name of High School attended _____

Have you applied for other financial assistance? _____ If yes, please list _____

List the names of all colleges or universities to which you have applied. (Attach copies of acceptance letter, if available.)

What is your intended major? _____

NOTE: Scholarship Recipient should demonstrate excellence in the areas of Scholarship, Citizenship, and Service. The financial needs of the applicant may be considered.

How many siblings do you have currently attending college? _____

Submit copies of **documents** outlining **family income**. A photocopy of pages 1 and 2 of your family's last filed income tax return (IRS 1040 or 1040A) can be submitted for this purpose. Be assured the information will be treated with the utmost confidence. Please redact all social security numbers before submitting.

Request an **official transcript** of your grades for your junior and senior years to date. It should be included with this application.

Ask your Guidance Counselor or Principal to provide a one-page letter of recommendation in support of your application. Brief letters of support from other members of the faculty or administration may also be included. **All recommendation letters should be included with this application.**

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Based on the criteria of Scholarship, Citizenship and Service, please compose a **500-word essay** on how your education will be used for the benefit of your community or in the area of law or law enforcement.

List your Major Activities, Awards and Honors (Junior and Senior Years)

- **Junior Year**

Activities (offices held) High School:

Community Activities:

Awards:

Honors:

- **Senior Year**

Activities (offices held) High School:

Community Activities:

Awards:

Honors:

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LIST WORK EXPERIENCE:

SPECIAL NOTE: THE SUCCESSFUL CANDIDATE MUST PROVIDE A MITCHELL PALMER SCHOLARSHIP COMMITTEE WITH AN OFFICIAL COPY OF HIS/HER COLLEGIATE TRANSCRIPT AT THE END OF HIS/HER FIRST SEMESTER OF ENROLLMENT. THE SCHOLARSHIP REQUIRES THAT THE RECIPIENT MAINTAIN AT LEAST A 2.5 GRADE POINT AVERAGE (BASED ON A 4.0 SCALE) AS A FULL-TIME STUDENT AND MUST PROVIDE PROOF THAT THEY ARE ENROLLED AS A FULL-TIME STUDENT FOR THE SECOND SEMESTER. FAILURE TO PERFORM ACADEMICALLY AT THIS MINIMUM LEVEL CANCELS THE SCHOLARSHIP. THE ASSOCIATION WILL DISBURSE THE SCHOLARSHIP FUNDS TO THE QUALIFIED STUDENT DURING THE SECOND SEMESTER OF THE FRESHMAN YEAR .

I verify the information in this application is correct and that my signature authorizes release of my name for public announcement should I receive a scholarship.

Date: _____ Signature : _____

NOTE: Please feel free to add/attach any additional information.

A. MITCHELL PALMER SCHOLARSHIP APPLICATION FORM

For completion by the Guidance Department:

Name of School: _____

Address of School: _____

Name of Guidance Counselor: _____

Phone Number of Guidance Counselor: _____

Class rank: _____ out of _____ students

Grade point average: _____

Date:

Signature of Guidance Counselor