



Lead, Inspire and Network at Koppers

Our Vision:
To empower our
people to reach their
full potential.



LETD Scholarship Award Application

The **Louann Eileen Tronsberg-Deihle** Memorial Scholarship Award was established in 2021 by members of Koppers first Employee Resource Group, **LINKwomen**. Louann was a founding member of **LINKwomen** who had a passion for coaching others to reach their full potential. Sadly, Louann passed away after a brief illness in June 2018, but her spirit continues to guide **LINKwomen** today. This scholarship will be awarded annually to two eligible female recipients. Through the scholarship award program, Louann’s legacy of leadership, passion and “**Living Everyday Totally Devoted**” will live on.



1. Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Age as of March 31, 2022: _____

Email Address: _____

- Please indicate your status Identify as Female
- White Asian American Indian or Alaska Native
 Black / African American Two or More Races Hawaiian / Pacific Islander
 Hispanic / Latino Native American

- Please indicate which scholarship award you are applying for:
- Age 26 years of age and younger
 Age 27 years of age and older

2. Eligible Employee¹ Information

Full Name: _____ Employee ID: _____
Last First M.I.

Date of Hire: Month _____ Day _____ Year _____ Job Title: _____

Email Address: _____

Plant Name (Division): _____ City: _____ State: _____

Relationship to Applicant: _____

3. Applicant's Most Recent School History

School Name: _____ Date Last Attended: Month _____ Year _____

Degree Earned
(If Applicable): _____

City: _____ State: _____ Phone: _____

4. Applicant's Post-Secondary School Data

Name of post-secondary school you plan to attend or are attending. (If unknown, please list in order of preference the schools to which you have applied). (Note – Before the award is granted the school of choice must be known.) Use official school names. Do not use abbreviations.

School Name: _____ City: _____ State: _____

School Name: _____ City: _____ State: _____

School Name: _____ City: _____ State: _____

- 4 Year College or University 2 Year Community or Junior College
 Vocational / Technical School Other, Explain: _____

Year in School Next Year: 1 2 3 4 5 or Graduate Study

Major or Course of Study: _____ Expected Graduation Date: Month _____ Year _____

Degree Sought: Bachelor Associate Certificate Other, Explain: _____

Student Will: Live on Campus Live off Campus Commute from Home

If School Choice is Public Institution, Applicant will Pay: In-State Resident Tuition Out-of-State Tuition

5. Applicant's Volunteer Experience

Describe your volunteer experiences over the last several years. Indicate dates for each experience along with a description of the organization's purpose.

Organization	Dates From – To	Organization's Purpose

10. Application Checklist

The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all the following materials have been received:

Award Application

Please send all materials to one of the following:

Current Complete Transcript(s) of Grades (including grading scale) – See Section 9

Email to: LINKScholarship@koppers.com

A letter of recommendation from an unrelated party who has interacted with the applicant in an academic, professional, or charitable situation.

OR Mail to:
LINKwomen
c/o Koppers Inc
436 Seventh Avenue
Suite 1600
Pittsburgh, PA 15219

Acceptance letter, applications, or course registration for the academic institution(s) shown in # 4.

Note – The preferred method of delivery is electronic filing.

Deadline for Receipt or Postmark is May 31, 2022

Disclaimer and Signature

The LETD Scholarship Award Selection Committee has the sole responsibility for selecting recipients based on criteria set forth for the Selection Committee by the LINKwomen Scholarship Committee. This application becomes the property of the LETD Scholarship Award Selection Committee. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the "Eligibility Criteria" document and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information. I understand that, if any statement made in this affidavit is false, I will be disqualified from consideration or from receiving any scholarship award or will be required to forfeit or return immediately upon demand any money that has been awarded to me.

Applicant's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

¹ An "Eligible Employee" is a full-time employee of Koppers Inc. or any of its U.S. subsidiaries who has achieved at least one year of continuous service with Koppers by the scholarship application deadline and who continues to be so employed at the time of selection. Eligible Employees do not include those Koppers employees with the title of Vice President or higher.

Koppers will treat the \$2,500 scholarship award as an employee benefit to the Eligible Employee. This amount will be included in the employee's W2 wages for the year. The company will compensate the employee an additional \$500 (paid through payroll) intended to cover the tax consequences of the award to the employee.