BRONX COUNTY BAR ASSOC/ATION 851 Grand Concourse, Room 124 Bronx, New York 10451 info@bronxbar.com

SCHOLARSHIP APPLICATION FORM

Eligibility Guidelines

1. First and Second Year Law Students, and Third Year Law Students expecting to graduate in May or June 2024. *

2. Proof of Enrollment at an A.BA accredited school.

3. Proof that Bronx County is Applicant's Domicile (driver's license, non-driver's i.d., utility bill, etc.)

4. Scholarship Committee shall make its determinations based on a combination of the following criteria:

- (a) Academics;
- (b) Financial Need;
- (c) Writing Sample;
- (d) Personal Interview, if requested; and
- (e) Law School Transcript.

5. Application along with official college and law school transcript and writing sample to be filled no later than **April 9, 2024**, with Bronx County Bar Association at the above address or emailed to <u>Lilym@bronxbar.com</u>.

6. The Bronx County Bar Association will award two scholarships each in the amount of \$7,500.00. Scholarship recipients **MUST** attend the Bronx County Bar Association's Annual Dinner on **Thursday, May 9, 2024.** Contact Lily Marquez at Lilym@bronxbar.com with any questions.

* First Year Students must Have Completed One Semester of Study to Be Eligible to Apply.

PLEASE PRINT OR TYPE ALL RESPONSES:

Name First	Middle	Last	Maiden
Current Mailing Addres	SS:		
Telephone Numbers:	Day	Evening	E-Mail
Permanent Address:	Day	Lverning	
Telephone Numbers: _	Day	Evening]
Marital Status:	Social S	Security Number	
Gender:	I	Date of Birth:	(mm/dd/year)
Place of Birth:	(City	State Country)	
U.S. Citizen: Yes 🗆	No 🗆		

	did you first learn of the BRONX COUNTY BAR ASSOCIATION?
A.	EDUCATION:
1.	Name of Law School, Address & Date Attended:
2.	Expected date J.D. Degree: (month/year)
3.	Name; Location; Dates Attended: Major Degree Received or Expected from Schools prevattended:
	High School:
	Undergraduate College or University:
	Graduate College or University:
	Other:
	Please list academic honors, prizes or scholarships you received in College University:
	Please list your extra-curricular activities (include sports and community activities);
	Athletic Accomplishments: List all awards (including high school, college and current):
B.	FAMILY INFORMATION:
Th	e following information must be provided (whether or not you consider yourself independe
	1. Father's Name:
	Occupation:
	Annual Salary:

	2.	Mother's N	ame:		_
		Occupation	1:		_
		Annual Sal	ary:		_
	3.	List below t	the names a	nd ages of all your siblings:	
		Name	Age	Name of School & Grade	Indicate if living with parents
		a			
		b			
		C			
		d			
		e			
	4.	Do you res	ide in your p	arent's household:	
	5.	The total si	ze of your pa	arent's household:	
C.	AF		NFORMATI	ON:	
1.	То	tal size of yo	our househol	ld (including yourself, spouse and ap	plicant's dependents:
2.	Na	ame of Spou	se:		
3.	Sp	ouse's emp	loyer, occup	ation and annual salary:	
4.	Ap	plicant's dep	pendents out	tside the home:	
5.	Ap	plicant's Em	ployment Hi	istory:	
	Na	ame of Empl	oyer; Addres	ss; Position Held: Dates Employed: S	Salary
6.	Fir	nancial Inforr	mation:		
	a.	Total Educa	ational Indeb	otedness:	

Source	Date Incurre	ed	Amoun	<u>t</u>
b. Tota	al Amount of other In	debtedness:		
<u>Source</u>	Date Incurre	<u>ed</u>	<u>Amoun</u>	<u>t</u>
7 Dudaat	<u>:</u>			
7. Budget				
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(2) Auto	
(3) Medical & Dental	
(4) Recreation	
(5) Life Insurance	
(6) Other (specify)	
TOTAL EXPENSES: \$	
8. Resources (estimated)	Amount
(1) Savings	
(2) Veterans Benefits	
(3) Parents	
(4) Relatives/friend	
(5) Spouse's earnings	
(6) Your earnings	
(7) Expected Scholarships (sp	pecify source)
Name:	Amount:
Name:	Amount:
TOTAL RESOURCES: \$	

D. PERSONAL STATEMENT

Submit a typewritten statement of not more than 500 words on one of the following topics:

- 1. What in your background leads you to believe that you will be a successful lawyer?
- 2. What do you see is your role as an attorney?

APPLICANT'S STATEMENT: I hereby affirm that all the foregoing information is correct. I further agree to submit all official documentation in order to verify the information reported on this form, if so requested.

Signature of Ap	plicant:

Date:
