

QUEENS COUNTY BAR ASSOCIATION
90-35 148 Street
Jamaica, NY 11435
718-291-4500

SCHOLARSHIP APPLICATION FORM

Eligibility Guidelines

1. First* and Second Year Law Students and Third Year Law Students expecting to graduate in May or June 2019.
2. Proof of Enrollment at an A.B.A. accredited school.
3. Applicant must be a student at St. John's or CUNY Law School. If not, must be a Queens County resident if Applicant attends a school that is not in Queens County. Proof required; driver's license, non-driver's i.d., utility bill, etc.

The Scholarship Committee shall make its determinations based on a combination of any of the following:

- (a) Academics;
 - (b) Financial Need;
 - (c) Community Service;
 - (d) Service to the QCBA;
 - (e) Personal Statement;
 - (f) Recommendation Letters (3);
 - (g) Personal Interview, if requested; and
 - (h) Law School Transcript
5. Application along with college and law school transcripts to be filed and received no later than **March 15, 2019**.
 6. Contact Arthur N. Terranova at 718-291-4500 if you have 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 Address: _____

Telephone Numbers: _____
Day Evening

Permanent Address: _____

Telephone Numbers: _____
Day Evening

Marital Status: _____ Social Security Number: _____
Male _____ Female _____ Date of Birth _____
Month/Day/Year

Place of Birth: _____ U.S. Citizen: Yes _____ No _____
City State

How did you first learn of the QUEENS COUNTY BAR ASSOCIATION? _____

A. EDUCATION:

1. Name of Law School, Address & Dates Attended: _____

2. Expected date J.D. Degree: _____
Month/Year

3. Name; Location; Dates Attended; Major Degree Received or Expected from Schools previously attended:

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 community activities):

B. FAMILY INFORMATION:

The following information must be provided whether or not you consider yourself independent.

1. Father's Name: _____

Occupation: _____

Annual Salary: _____

2. Mother's Name: _____

Occupation: _____

Annual Salary: _____

3. List below the names and ages of all your brothers and sisters:

<u>Name</u>	<u>Age</u>	<u>Name of School & Grade</u>	<u>Indicate if Living w/Parents</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
f. _____	_____	_____	_____

4. Do you reside in your parent's household? _____

5. The total size of your parent's household? _____

C. APPLICATION INFORMATION:

1. Total size of the applicant's household (including the applicant, spouse and applicant's dependents): _____

2. Name of Spouse: _____

3. Spouse's Employer, Occupation and Annual Salary: _____

4. Applicant's dependents outside the home: _____

5. Applicant's Employment History:

Name of Employer;	Address;	Position Held;	Dates Employed;	Salary
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Financial Information:

a. Total Educational Indebtedness: _____

Please list all amounts and sources for each educational loan incurred.

<u>Source</u>	<u>Date Incurred</u>	<u>Amount</u>

b. Total Amount of Other Indebtedness: _____

<u>Creditor</u>	<u>Date Incurred</u>	<u>Amount</u>

7. Budget:

This budget covers the upcoming academic year based on attendance at _____
_____ Law School.

Expenditures (estimated)

A. <u>School Expenses</u>	<u>Amount</u>
(1) Tuition	_____
(2) Fees	_____
(3) Books/Supplies	_____
(4) Other (specify)	_____

B. <u>Living Expenses</u>	<u>Amount</u>
(1) Rent: Campus/Off-Campus	_____
(2) Food	_____
(3) Utilities	_____
(4) Travel to and from School	_____
(5) Other (specify)	_____

C. Personal Expenses

Amount

- (1) Clothing _____
- (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/Friends _____
- (5) Spouse's earnings _____
- (6) Your earnings _____
- (7) Expected Scholarships (specify sources)

_____	_____
Name	Amount

_____	_____
Name	Amount

TOTAL RESOURCES:

Did you or will you file a 2018 US Federal Income Tax Return? Yes ___ No ___

Did you receive a Federal Student Aid Report? Yes ___ No ___

D. Personal Statement

Write a brief statement of not more than 200 words concerning your professional goals, particularly emphasizing significant community service activities or events in areas that you have been employed or volunteered. Be as specific as possible.

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. I further recognize honesty and integrity are essential characteristics of a practicing attorney and the representations are true and correct.

Signature of Applicant: _____ Date: _____