

LAKE COUNTY BAR ASSOCIATION'S LAW SCHOOL SCHOLARSHIP FUND 2016 - 2017

NAME

Last

First

Middle

Application Deadline:

August 1, 2016

(received not postmarked)

Applicant Qualifications:

1. The applicant must be a permanent resident of Lake County Indiana.
2. Scholarships shall be credited only towards tuition costs at an accredited law school located in Indiana and will be paid directly to the law school.
3. Academic performance shall be the primary criterion; however, involvement in quality extra-curricular activities and community involvement may be considered.
4. A successful **applicant must be available to attend the Lake County Bar Association's August 26, 2016 award ceremony.**

Application Instructions:

1. "Part A" of the application must be completed in full by the student and sent to us at:

**Lake County Bar Association Law School Scholarship Fund
Lake County Bar Association
291 W. 84th Drive
Merrillville, Indiana 46410**

- ▶ If a question does not apply, please state "N/A"
- ▶ No question should be left blank
- ▶ Incomplete applications will be disqualified
- ▶ **Official transcripts of college, graduate school and law school grades, where applicable must be submitted with the application**

2. "Part B" should be given to your law school so that the proper official can certify as to certain information. Part B must be submitted before your application can be considered.

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Part A, Page 1 of 3.

1. Name _____
Last First Middle

2. Social Security Number ____ - ____ - ____

3. Permanent Address _____
Street and Number

City, State, Zip

4. Where were you born? _____
(If Permanent resident status, give alien registration number and attach copy of alien registration (green) card). _____

5. Have you applied for a Lake County Bar Association Scholarship previously? **YES** **NO**

6. Provide the address you most recently used to file your Federal and State income tax returns:

7. Provide name, address and telephone number of your parent, guardian or nearest relative:

Name _____
Last First Middle

Address: _____

Telephone No. Home _____ Work _____

Parents or guardians' employment.

Relationship _____

Employer _____

Title/Position _____

8. Provide ages, occupational or school status of siblings.

Age Occupation or School Status

9. Are you married? **YES** **NO** How many children and their ages?

10. Name of High School _____ City/Town _____
State _____ Year of Graduation _____

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Part A, Page 2 of 3

11. Please provide the following information about your undergraduate college or university. Enclose official transcript.

Name of School _____
Degree _____ Graduation Date _____ Major _____
Class Rank and/or G.P.A. _____ Extra Curricular Activities _____

12. Please provide the following information about any graduate studies (other than law school). Enclose official transcript.

Name of School _____
Degree _____ Graduation Date _____ Major _____
Class Rank and/or G.P.A. _____ Extra Curricular Activities _____

13. Please provide your law school information. Enclose official transcript.

Name of School _____
Degree _____ Graduation Date _____
Class Rank and/or G.P.A. _____ Extra Curricular Activities _____

14. What was your Law School Aptitude Test Score? _____ Give each score if you took the test more than once.

15. Have you ever been suspended from a college or university in which you were enrolled?
YES NO If yes, explain _____

16. Describe your summer employment (if any)

	Employer	Earnings
Last Summer	_____	_____
Next Summer	_____	_____

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Law School Recommendation Form

Part B, Page 1 of 1

Application Deadline: August 1, 2016

Part B.1: TO BE COMPLETED BY THE APPLICANT:

I hereby authorize the Financial Aid Office at _____ to release to the Trustees of the Lake County Bar Association Scholarship Fund all information requested on this form for the 2016 - 2017 Academic Year.

Signature _____

Date _____

Name (Printed) _____

Social Security No. _____

Part B.2: TO BE COMPLETED BY UNIVERSITY FINANCIAL AID OFFICE:

1. Has the applicant been accepted for enrollment by your institution? **YES** **NO**
2. The student's estimated costs for the items below are as follows:

Tuition and Fees: \$ _____

Books: \$ _____

Transportation: \$ _____

Are these figures based on **full-time** **or part-time** **enrollment?**

YES **NO** (If no, sign and return this form to LCBA without further completion).

3. What is the documented financial need for the student using the congressional methodology? \$ _____
4. Will the student receive any aid designated for tuition and fees only? **YES** **NO**

Source: _____

Source: _____

5. Remarks: _____

Signature of Financial Aid Officer: _____ Date: _____

Printed Name: _____ Law School: _____

Return the completed Scholarship Recommendation Form by August 1, 2016 to:

Lake County Bar Association Law School Scholarship Fund

Lake County Bar Association

291 W. 84th Drive

Merrillville, Indiana 46410

Phone: (219) 738-1906 Email: executive@lakecuontybar.com

Fax: (219) 736-6400