

***The Association of Black Women Attorneys, Inc.***

Dear Candidate,

Our Scholarship program was organized in 1995. We have awarded over \$30,000 in scholarships since 1995. The upcoming awards will be announced at the 35<sup>th</sup> Anniversary Gala on June 14, 2011.

The application consists of seven (7) pages. Please complete the entire application. All information submitted is strictly confidential.

Criteria: The scholarship will be awarded on the basis of demonstrated community service, personal financial need and enrollment at an accredited law school in Connecticut, New Jersey or New York. We want to stress that academic performance is not the deciding factor. Recommendations and personal statements should reflect *community service activities*. **The recommendations must be attached to this application.** No faxes will be accepted. The application is available on the website: [www.abwanewyork.org](http://www.abwanewyork.org)

Deadline: All applications should be **postmarked Friday, April 29, 2011** to:

Diane Gatewood, Chair-Scholarship Committee  
The Association of Black Women Attorneys, Inc.  
255 West 36th Street, Suite 800  
New York, New York 10018

Delivery: Please note that **our address is a mail drop**. We do not maintain office facilities.

## Association of Black Women Attorneys

255 West 36<sup>th</sup> St., Suite 800

New York, NY 10018

www.abwanewyork.org

1. Name of Applicant \_\_\_\_\_

2. Current Mailing Address \_\_\_\_\_  
(Street) (City)  
 \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(State) (Zip Code)

3. Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

4. Telephone No. Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age in Years \_\_\_\_\_ M  F

6. U.S. Citizenship: Yes \_\_\_ No \_\_\_ .  
 If not a U.S. citizen please indicate your status: Student visa  Permanent U.S. resident   
 Filed formal papers for citizenship: Date \_\_\_\_\_ Number \_\_\_\_\_ Court Location \_\_\_\_\_

7. How did you first learn of ABWASF? \_\_\_\_\_  
 \_\_\_\_\_

### APPLICANT'S EDUCATION

	Name & Location	Dates Attended	Major	Degree Rec'd and Expected Date of J.D. Degree
Undergraduate College or University				
Graduate College or University				
Other				
Law School to be attended (Year: _____ )				
Current Law School				

Please list academic honors, prizes or scholarships you received in college:

\_\_\_\_\_

**EMPLOYMENT**

List chronologically employment including military service over the last 10 years (include summer employment):

Name of Company or Employer	Address, City, State	Position	Date of Employment	Annual or Monthly Salary
1.				
2.				
3.				
4.				
5.				
6.				

**FINANCIAL INFORMATION**

Indicate how you have financed your undergraduate and graduate education. Please give appropriate cumulative amounts.

**Undergraduate Financial Aid** (If zero, enter "0")

<u>Year</u>	<u>Grants</u>	<u>Loans</u>
Freshman	\$ .....	\$ .....
Sophomore	\$ .....	\$ .....
Junior	\$ .....	\$ .....
Senior	\$ .....	\$ .....
Total	\$ .....	\$ .....

**Graduate Financial Aid** (If zero, enter "0")

<u>Year</u>	<u>Grants</u>	<u>Loans</u>
1st	\$ .....	\$ .....
2nd	\$ .....	\$ .....
3rd	\$ .....	\$ .....
Total	\$ .....	\$ .....

- a. Are you currently in default on a federal educational loan?    Yes     No
- b. How much of the total loan amount is subsidized?
- Undergraduate \$ \_\_\_\_\_
- Graduate        \$ \_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

**Student (& Spouse)/Family:**

A. In fiscal year \_\_\_\_\_, the total size of the student's household will be (include the student, spouse and student's dependent children) \_\_\_\_\_.

B. Name of Spouse: \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

**Name of Parents:**

C. Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

D. Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

E. Of the number given in section A, how many will be in college \_\_\_\_\_. Include the student who is applying for aid and others who will be in college at least half-time\_\_\_\_\_.

F. List below names and ages of all your dependents:

<u>Name</u>	<u>Age/Relation</u>	<u>Name of Present School or College</u>	<u>Tuition/Costs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUDGET FOR THE ACADEMIC YEAR FROM: September 200\_\_ to \_\_\_\_, 200\_\_.

**EXPENSES:**

School Expenses:

Tuition \$ \_\_\_\_\_

Fees \_\_\_\_\_

Books and Supplies \_\_\_\_\_

Room: On Campus \_\_\_\_\_

Off Campus \_\_\_\_\_

Home w/family \_\_\_\_\_

Food \_\_\_\_\_

Personal Expenses:

Health Insurance \$ \_\_\_\_\_

Additional Medical/Dental \_\_\_\_\_

Clothing \_\_\_\_\_

Transportation (Local) \_\_\_\_\_

Travel to and from School \_\_\_\_\_

Recreation (list) \_\_\_\_\_

Auto Expense \_\_\_\_\_

Other (list) \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**ANTICIPATED RESOURCES**

Contributions:

Parent (s) \$ \_\_\_\_\_

Spouse \_\_\_\_\_

Relative/Friend \_\_\_\_\_

Grants, Scholarships (Federal, State, Private):

Indicate if Anticipated or Assured

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Earnings:

Summer \$ \_\_\_\_\_

School Year \_\_\_\_\_

Work Study \_\_\_\_\_

Savings and other income:

Total \$ \_\_\_\_\_

Sources/Amount \_\_\_\_\_

To be applied this year \$ \_\_\_\_\_

Loans Expected:

Stafford \$ \_\_\_\_\_

Perkins \_\_\_\_\_

Other (list) \_\_\_\_\_

**Total Resources** \$ \_\_\_\_\_

For Association Use Only

\_\_\_\_\_

Did you or will you file a U.S. Federal income tax return Yes  No  Please state the year \_\_\_\_\_.

Did you receive a Federal Student Aid Report? Yes  No

APPLICANT'S STATEMENT: I affirm that 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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_





