

The Association of Black Women Attorneys, Inc.

Dear Candidate,

Our Scholarship program was organized in 1995. We have awarded over \$35,000 in scholarships since 1995. The upcoming awards will be announced in May 2010.

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

Deadline: All applications should be **postmarked by Monday, April 19, 2010** 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 36th 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:	
<u>School Expenses:</u>	
Tuition	\$ _____
Fees	_____
Books and Supplies	_____
Room: On Campus	_____
Off Campus	_____
Home w/family	_____
Food	_____
<u>Personal Expenses:</u>	
Health Insurance	\$ _____
Additional Medical/Dental	_____
Clothing	_____
Transportation (Local)	_____
Travel to and from School	_____
Recreation (list)	_____
Auto Expense	_____
Other (list)	_____
_____	_____
_____	_____
Total Expenses	\$ _____

For Association Use Only _____

ANTICIPATED RESOURCES	
<u>Contributions:</u>	
Parent (s)	\$ _____
Spouse	_____
Relative/Friend	_____
<u>Grants, Scholarships (Federal, State, Private):</u>	
Indicate if Anticipated or Assured	
1.	\$ _____
2.	_____
3.	_____
<u>Earnings:</u>	
Summer	\$ _____
School Year	_____
Work Study	_____
<u>Savings and other income:</u>	
Total	\$ _____
Sources/Amount	_____
_____	_____
To be applied this year	\$ _____
<u>Loans Expected:</u>	
Stafford	\$ _____
Perkins	_____
Other (list)	_____
_____	_____
Total Resources	\$ _____

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 _____

RECOMMENDATION FORM

Name of Applicant: _____
First Middle Last

TO THE APPLICANT:

Please sign the consent statement below and give this form to someone who knows you well, such as a teacher or employer, but not a relative or friend.

This recommendation form and letter must be attached to the application

I hereby consent that _____ furnish to ABWASF the information and evaluation requested below. In this connection, I hereby waive my right of access to said evaluation with the Family Educational Rights and Privacy Act of 1974.

Applicant's Signature _____ Date _____

The above-mentioned student has applied to ABWASF for financial assistance in law school. Your comments will play an important part in the evaluation of the application.

How long have you known the applicant? _____

In what capacity? _____

From your experience with the applicant, please write a brief statement explaining why you believe he or she should receive an ABWASF Award. Please give relevant background information on the applicant so that our evaluation is based on specific data.

Name _____
(Please print)

Title _____

School _____

Address _____

