

**SARATOGA COUNTY BAR ASSOCIATION SCHOLARSHIP
APPLICATION**

NAME: _____ **AGE:** _____

PERMANENT HOME ADDRESS: _____

TELEPHONE NUMBER AT HOME: _____ **E-Mail Address:** _____

ADDRESS AT SCHOOL: _____

TELEPHONE NUMBER AT SCHOOL: _____

LAW SCHOOL: _____

SCHOOL ADDRESS: _____

YEAR IN SCHOOL: _____ **CUMULATIVE GPA:** _____

CLASS RANK: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

POSITION: _____

MARITAL STATUS: S _____ M _____ **NUMBER OF CHILDREN:** _____

SPOUSE'S NAME: _____ **AGE:** _____

SPOUSE'S OCCUPATION: _____

SPOUSE'S EMPLOYER: _____

AWARDS: _____

ACTIVITIES: _____

Attach a copy of your Graduate and Professional School Financial Aid Report, if available. If not available, please indicate why. If Graduate and Professional School Financial Aid Report is not available, attach a duly executed and acknowledged affidavit stating your financial status for the academic year. This affidavit should set forth total expenses for the academic year (including tuition, books, living expenses, etc.) as well as financial sources (including contribution from parents or spouse, employment, scholarships, loans, etc.)

Date: _____ **Signature:** _____

CRITERIA FOR CANDIDATE SELECTING:

- **Resident of Saratoga County**
- **Law student in good standing, attending an accredited law school in their 2nd or 3rd year**
- **Financial need – expenses v. financial sources**
- **Scholarship – class rank**
- **Leadership – awards, activities**

PROCEDURE FOR CANDIDATE SELECTION:

- **\$1,000.00 annual scholarship available**
- **Applications must be post marked by March 15, 2017.**
- **Screening and award by Scholarship Committee**