

**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 2<sup>nd</sup> or 3<sup>rd</sup> 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, 2018.**
- ✓ **Screening and award by Scholarship Committee**