



LATINA LAWYERS  
BAR ASSOCIATION

**LATINA LAWYERS BAR ASSOCIATION**  
**2018 SCHOLARSHIP APPLICATION**

**Student Information:**

Name:

\_\_\_\_\_  
Last, First, Middle

Permanent Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Send mail to (check one): Permanent address: \_\_\_\_ School address: \_\_\_\_

Telephone Number(s): \_\_\_\_\_  
(Please list all the telephone numbers where you can be reached during the school year and the summer)

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Ethnic origin: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

**Educational Information:**

Law School: \_\_\_\_\_

Year in law school: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Intended Bar Examination Date: \_\_\_\_\_

Is this application for a bar exam scholarship? YES \_\_\_\_ NO \_\_\_\_

Undergraduate school, degree, and dates attended:  
\_\_\_\_\_

**Financial Information:**

Have you applied for financial aid for the current school year? YES \_\_\_\_ NO \_\_\_\_

(Please attach a copy of your federal financial aid application, including the portion showing your estimated budget)



Have you previously applied for the Latina Lawyers Bar Association Scholarship?

If so, when were you a scholarship recipient? \_\_\_\_\_

Are you currently employed? YES \_\_\_ NO \_\_\_

Employer name, address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

Position/duties:

\_\_\_\_\_

Hours/week: \_\_\_\_\_ Monthly income: \_\_\_\_\_

Are you claimed as a dependent by a family member or guardian: YES \_\_\_ NO \_\_\_

Parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Annual income: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Annual income: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Annual income: \_\_\_\_\_



Do you have dependent children: YES \_\_\_ NO \_\_\_

If yes, how many? \_\_\_ Ages: \_\_\_\_\_

Do you have any other sources of income? YES \_\_\_ NO \_\_\_

\_\_\_\_\_

Please explain your financial need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Statement:** (Please type double-spaced and attach to your application)

In 1000 words or less, please express why you should be awarded an LLBA scholarship. You may include information regarding your background, reasons for pursuing further education, challenges you face outside of school, obstacles you have overcome, legal field of interest, career goals, significant achievements you are most proud of, any special circumstances, your need, and any other information you would like considered by the scholarship selection committee. Please attach a resume. Law school transcripts are optional. Word limit will be strictly enforced.

**Certification Statement:**

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide additional information for verification purposes.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Please email the application and all required attachments in a single PDF file to **[scholarships@llbalaw.org](mailto:scholarships@llbalaw.org)**. Please include a 150 word biography and a suitable headshot as part of the required attachments.

Applications and attachments submitted in multiple files and not in a single PDF file may not be considered. Deadlines for submission can be found at the following webpage: <http://www.llbalaw.org/content/scholarship>.

***\*\*\*Please note that Latina Lawyers Bar Association Board Members and their family members are not eligible for this scholarship award.\*\*\****