

LAKE COUNTY BAR ASSOCIATION'S LAW SCHOOL SCHOLARSHIP FUND 2006 – 2007

Name _____
Last First Middle

Application Deadline: June 1, 2006

(must be received by)

Applicant Qualifications:

1. The applicant must be a permanent resident of Lake County Indiana.
2. Scholarships shall be credited only towards **tuition costs at an accredited law school** located anywhere in Indiana and will be paid directly to the law school.
3. Academic performance shall be the primary criteria, however; involvement in quality extra-curricular activities and community involvement shall be considered.

Application Instructions:

1. **“Part A”** of the application must be completed in full by the student and sent to us at the address set out below. If a question does not apply, insert “N/A.” No question should be left blank. Incomplete applications may be **automatically disqualified**. In addition, copies of the following supporting data must be submitted with the application:
 - Certified transcripts of college, graduate school and law school grades. **NOTE: ALL TRANSCRIPTS MUST BE CERTIFIED!**

Once completed, Part A should be sent prior to the deadline to:

Lake County Bar Association Law School Scholarship
Lake County Bar Association
2293 North Main Street
Crown Point, IN 46307

2. **“Part B”** (insert) should be given to your law school so that the proper official there can certify as to certain information. Part B must be received by us before you application can be considered.

Part "A"

LAKE COUNTY BAR ASSOCIATION LAW SCHOOL SCHOLARSHIP FUND

1. NAME _____
Last First Middle

2. SOCIAL SECURITY NUMBER _____ - _____ - _____

3. PERMANENT ADDRESS _____
Number and Street City State Zip

4. Where were you born? _____
If permanent resident status, give alien registration number and attach copy of alien registration (green) card. A- _____

5. Have you ever applied for a Lake County Bar Association Scholarship previously? Yes ____ No ____
If so, when _____.

6. Provide the address used on your most recently filed Federal and State income tax returns.

Address _____
Number and Street City State Zip

7. Give name, address and telephone number of your parent, guardian or nearest relative.

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Telephone Number Home (____) _____ Work (____) _____

Parents or guardians employment.

Father Mother
Employer _____

Position _____

8. Give the ages and occupations of brothers and sisters.

Age Occupation

9. Are you married? Yes ____ No ____ . How many children? _____

10. Where did you go to high school? School Name _____ Location _____
Year of Graduation _____.

11. Please provide the following information about your undergraduate college or university. Enclose **certified** transcript.

School Name _____
Major field(s) of study _____
Degree sought _____ Year of graduation _____ Class rank or grade point
average _____ Extra-curricular activities _____

12. Please provide similar information about any graduate level studies (other than law school). Enclose **certified** transcript.

School Name _____
Major field(s) of study _____
Degree sought _____ Year of graduation _____ Class rank or grade point
average _____ Extra-curricular activities _____

13. Please provide your law school information. Enclose **certified** transcript.

School Name _____
Major field(s) of study _____
Degree sought _____ Year of graduation _____ Class rank or grade point
average _____ Extra-curricular activities _____

14. What was your Law School Aptitude Test Score(s)? _____ Give each score if you took the test more than once.

15. Have you ever been suspended from a college or university in which you were enrolled? Yes ___

No _____. If yes, please explain _____

16. Describe your summer time employment (if any).

	Employer name and address	Earnings
Last summer	_____	_____
Next summer	_____	_____

Part "B"

**SCHOOL RECOMMENDATION FORM
LAKE COUNTY BAR ASSOCIATION LAW SCHOLARSHIP FUND**

Application Deadline: June 1, 2006

PART I: TO BE COMPLETED BY THE STUDENT:

I hereby authorize the Financial Aid Office at _____ to release to the Trustees of the LCBA Law School Scholarship Fund all information requested on this form for the 2006-2007 Academic Year.

Student's Signature: _____ Date: _____

Student's Name (Print): _____

Student's Social Security Number: _____ - _____ - _____

PART II: TO BE COMPLETED BY THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICE

1. Has the applicant been accepted for enrollment by your institution? Yes No

2. The student's estimated costs for the items below are as follows:

Tuition and Fees: \$ _____

Books: \$ _____

Transportation: \$ _____

Are these figures based on full-time or part-time enrollment? (check one)

3. Has the student applied for financial aid for the 2006-2007 Academic Year? Yes No
(If no, sign and return this form to LCBA without further completion).

4. What is the documented financial need for the student using the congressional methodology? \$ _____

5. Will the student receive any aid designated for tuition and fees only? (check one) Yes No

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

6. Remarks:

Signature of Financial Aid Officer: _____ Date: _____

College/University: _____

Return this Scholarship Recommendation Form by **June 1, 2006** to:

**Lake County Bar Association Law School Scholarship Fund
Lake County Bar Association
2293 North Main Street
Crown Point, IN 46307
(219) 738-1905**