

COLUMBIAN LAWYERS ASSOCIATION INC.
SCHOLARSHIP APPLICATION

Please Print

Name:	Current Law School:
Home Address:	Student Year: 1 st Year 2 nd Year 3 rd Year
Alternate Address: E-mail address:	GPA: LSAT Score:
Marital Status:	Phone Nos.: Day: Evening:
Father's Name:	Number of Dependents (if any):
Mother's Name (Maiden):	His Occupation:
	Her Occupation:

1. Does Applicant receive financial aid from family members? Yes No If yes state from whom and amount: _____

2. Does Applicant receive any Veteran's Benefits? Yes No If yes state amount: _____

3. Does Applicant receive any scholarships or other aid from other sources? Yes No If yes state source & amounts _____

4. List Amount of Present Debts & Student Loans: _____

5. Current Financial Status:

ASSETS	Estimated Expense Liability for School Year
Home Equity:	Tuition:
Automobile:	Room & Board:
Bank Accounts:	Books & Supplies:
Stocks & Bonds:	Medical & Dental:
Other Assets:	Transportation:

Total Assets: _____ Total Expenses: _____ Deficit, if any: _____

6. Describe extra-curricular activities: _____

7. Are there any other factors not covered above, that you feel the Columbian Lawyers should consider determining need & qualifications for scholarship award? If so, please specify _____

If additional space is needed on any matter, please attach supplementary sheets.

8. Applicant is requested to provide copy Law School Application and a brief essay about applicants life experiences & scholastic accomplishments. Applicant acknowledges that attendance at annual award luncheon is mandatory in order to receive any scholarship award.

Applicant certifies that he/she is of Italian ancestry and that all the information & supporting materials submitted are true and accurate.

Date: _____

 APPLICANT'S SIGNATURE

Please forward this application form & all supporting material to the Columbian Lawyers Scholarship Committee, Attn: Thomas J. Rossi, Esq., 42-24 Douglaston Parkway, Douglaston NY 11363, Phone: 718-428-9180, Fax: 718-279-8393.