## APPLICATION BRISTOL COUNTY BAR ASSOCIATION SCHOLARSHIP AWARD

TO BE COMPLETED AND RETURNED BY March 15

1. NAME:		AGE:
2. PRESENT ADDRESS:		
3. HOME ADDRESS (if different) :		
4. DAYTIME TELEPHONE:		
5. LENGTH OF RESIDENCE IN BRISTOL COUI		
6. AMOUNT OF ANNUAL INCOME OF APPLICANT: \$		
7. NAME OF LAW SCHOOL ATTENDING:		
8. NUMBER OF SEMESTERS COMPLETED:		
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9. FATHER'S NAME:		
10. FATHER'S ANNUAL INCOME: \$		
11. FATHER'S ADDRESS:		
12. OCCUPATION OF FATHER:		
13. NAME AND ADDRESS OF FATHER'S EMI	PLOYER:	
14. MOTHER'S NAME:		
15. MOTHER'S ANNUAL INCOME: \$		
16. MOTHER'S ADDRESS:		
17. OCCUPATION OF MOTHER:		
18. NAME AND ADDRES OF MOTHER'S EMI	PLOYER:	

19. PLEASE LIST BELOW SCHOLARSHIPS NOW BEING RECEIVED: FROM AMOUNT
\$
\$
\$
\$
20. WAS APPLICANT EMPLOYED DURING SUMMER VACATION:
If yes give name and address of employer:
21. PLEASE GIVE SOURCES OF FUNDS AVAILABLE TO APPLICANT FOR PAYMENT OF ESTIMATED EXPENSES (tuition, room & board, books, etc.) FOR SCHOOL YEAR, i.e., EMPLOYMENT, ADVANCES FROM PARENTS,
SCHOLARSHIPS:
SOURCE AMOUNT
<u>\$</u>
\$
\$
\$TOTAL: \$
TOTAL: 5
22. PLEASE LIST NAMES AND ADDRESSES OF THREE PEOPLE TO WHOM A REQUEST FOR REFERENCES MAY BE ADDRESSED:  NAME ADDRESS
23. PLEASE SET FORTH A SHORT BIOGRAPHICAL SKETCH AND CONCLUDE WITH CONCISE STATEMENT OF REASONS FOR PURSUING THE STUDY OF LAW:
THE LATEST TRANSCRIPT OF GRADES MUST ACCOMPANY THIS APPLICATION.

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE AUTOMATICALLY DISQUALIFIED

FORWARD APPLICATION TO:

Bristol County Bar Association Scholarship Committee 448 County Street New Bedford, MA 02740 Attention: Gerlinde B. Lowe