



HAMPDEN COUNTY BAR ASSOCIATION

50 State Street, Springfield, MA 01103

Telephone: (413) 732-4648 ♦ Facsimile: (413) 732-6882 ♦ E-mail: Admin@HCBar.Org

John F. Moriarty Scholarship

LAW SCHOOL SCHOLARSHIP APPLICATION

Criteria

The applicant must be admitted for the upcoming academic year to a certified law school for either full-time or part-time attendance.

The applicant must currently reside in Hampden County and must have been a resident for no less than five years.

Considerations

Applicants will be considered based on academic and extracurricular accomplishments to date and on financial need.

Procedure

Complete and submit this application to the Hampden County Bar Association Scholarship Committee, 50 State Street, Room 137, Springfield, MA 01103 by May 31, 2019. After review of all applications received, the finalists will be invited to a Committee interview. After the Committee has reached a decision, the recipient(s) will be notified by mail. The scholarship monies will be forwarded directly to the law school for direct application against tuition costs, and the recipient will be announced to the membership at the Annual Meeting of the Hampden County Bar Association.

SCHOLARSHIP APPLICATION FOR THE ACADEMIC YEAR BEGINNING

Month _____ Year _____

Name: _____ Phone: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

How long in Hampden County?: _____

Name of Institution for : _____ Yr. of Study: _____
which you are requesting scholarship aid Full-time _____ Part-time _____

Complete Institution Address: _____

Undergraduate School Attended: _____ Date of Grad.: _____

Major Area of Study: _____ Degree Rec'd: _____

Grade-Point Average: _____

Extracurricular Activities: _____

High School Attended: _____ Date of Grad.: _____

Extracurricular Activities: _____

Employment History: _____

Please state (briefly) your goals and reasons for entering law school:
(Use back or attach a separate page if necessary.)

INFORMATION TO BE PROVIDED BY APPLICANT'S PARENT(S) OR GUARDIAN(S)

PLEASE NOTE: TO BE PROVIDED ALSO IF THE APPLICANT IS MARRIED, DIVORCED, SELF-SUPPORTING.

ALL ITEMS MUST BE COMPLETED.

PLEASE PRINT OR TYPE

1. RELATIONSHIP TO APPLICANT (Check One)	Parent(s) []	Guardian(s) []	Step Parent(s) []	Separated []	Divorced []	Other (Explain) []
2. Names	Father		Age	Mother		Age
3. Present Mass. Residence	No.	Street	Town		From 19	To Present
4. Previous Residence	No.	Street	Town		From 19	To 19
5. Occupations	Father			Mother		
6. Name and Address Of Employer						
7. Exact Income Before Federal Taxes From:	WAGES		\$	Father	\$	Mother
	SOCIAL SEC. V.A. BENEFITS		\$		\$	
	RENTALS (Explain in Item 16)		\$		\$	
	INTEREST, DIVIDENDS		\$		\$	
	OTHER ANNUITIES		\$		\$	
	TOTAL INCOME		\$		\$	TOTALS
8. Exact Federal Income Tax			\$		\$	
9. Value Of Checking and Savings Account(s)			\$		\$	
10. Description and Estimated Sales Value of Real Estate Owned (House Owners Indicate If House Is Single or Multi-Family Dwelling)			\$		\$	
11. Mortgage(s) On Real Estate Or Other Property			\$		\$	
12. Cash Value of Investments (Stocks, Bonds)			\$		\$	
13. Make and Year of Automobile(s)						
Dependents Other Than Spouse and Applicant (If Over 18 Years Old, State Reason For Dependency)						
14.	NAME	AGE	RELATIONSHIP	DEGREE OF DEPENDENCY		
15.	Amount You Will Be Able To Contribute Toward The Applicant's Tuition & Other Expenses.					TOTAL \$
16.	Define Your Financial Need and Special Family Circumstances (Such as Illness, Support of Relatives, Divorce, Extraordinary Expenses)					

WE (I) CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE.

17. SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)

Father

Mother

Date

FINANCIAL INFORMATION TO BE PROVIDED BY APPLICANT AND SPOUSE

PLEASE NOTE: TO BE COMPLETED BY ALL APPLICANTS. DO NOT LEAVE ANY ITEM BLANK.

1.	APPLICANT'S NAME	Last	First	Middle	Marital Status (Check one)	Single	Married Date	Divorced Date	Widowed Date
2.	SPOUSE'S NAME	Last	First	Middle					

3.	STATUS OR OCCUPATION	Applicant	Spouse
4.	NAME & ADDRESS OF EMPLOYER		
5.	EXACT INCOME BEFORE FEDERAL TAXES FROM:	APPLICANT	SPOUSE
	WAGES	\$	\$
	SOC. SEC. V.A. BENEFITS	\$	\$
	RENTALS	\$	\$
	INTEREST, DIVIDENDS	\$	\$
	OTHER ANNUITIES	\$	\$
	TOTAL INCOME	\$	\$
6.	EXACT FEDERAL INCOME TAX	\$	\$
7.	VALUE OF CHECKING AND SAVINGS ACCOUNT(S)	\$	\$
8.	Description and Estimated Sales Value of Real Estate Owned (House Owners Indicate if House is Single or Multi-Family Dwelling)		\$
9.	MORTGAGE(S) ON REAL ESTATE OR OTHER PROPERTY		\$
10.	CASH VALUE OF INVESTMENTS (STOCKS, BONDS)		\$
11.	MAKE & YEAR OF AUTOMOBILE(S)		\$

DEPENDENTS IN ADDITION TO SPOUSE AND APPLICANT				
12.	NAME	AGE	RELATIONSHIP	DEGREE OF DEPENDENCY

13.	DO YOU PLAN TO SECURE A SUMMER OR PART TIME POSITION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Explain) (below)	Anticipated Income	\$	per hr. []	per wk. []	per mo. []	per season []
	EMPLOYER									

LIST WORK EXPERIENCE DURING HIGH SCHOOL AND SUMMERS:

14.	Kind of Work	Employer - Year	How Long Employed	Total Earned

15. LIST ALL SOURCES TO WHICH YOU HAVE APPLIED FOR ASSISTANCE.

LIST SPONSORS AND AMOUNTS OF ASSISTANCE RECEIVED TO DATE (INCLUDE PREVIOUS YEARS)

16.	NAME	TYPE	SCHOOL YEAR	AMOUNT
				\$
				\$

17. PLEASE COMPLETE ITEM NO. 16 ON PAGE 2.

18. SIGNATURE(S) OF APPLICANT (SPOUSE)

Applicant _____

Spouse _____

Date _____

I (WE) CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE.