MONTGOMERY COUNTY
WOMEN’S BAR FOUNDATION, INC.
SCHOLARSHIP FUND

Law School Scholarship Award Criteria

The Montgomery County Women’s Bar Foundation, Inc. offers scholarships to qualified individuals to assist in their law school education. Scholarship awards range from $1,000.00 to $3,500.00 per recipient.

Applicants for the scholarship are evaluated according to the following criteria:

- Service to School and Community
- Essay
- Academic Performance
- Financial Need
- Recommendations

At the time of application, applicant must be registered or accepted at an accredited law school; if registered, applicant must be in good standing.

*Applicants must use the Foundation's application form, which may be duplicated. Please submit only one-sided originals or copies without staples.*

Application Deadline - May 30, 2011

*Applications received after the deadline will not be considered.*

The Foundation will review all completed applications. The Selection Committee will interview the top applicants and the committee shall have the right to waive any interview.

*Finalists will be notified by mid-June 2011*
Scholarship Application for the 2011-2012 School Year

Applicants MUST use the Foundation’s Application form, which may be duplicated. Please submit only one-sided originals or copies, without staples.

Application Deadline - May 30, 2011. Applications received after the deadline will not be considered. Incomplete applications will not be considered.

Part I - (Please type or print)

Name: ___________________________________________________________

Address: _________________________________________________________

_________________________________________________________________

Phone Numbers: ___________________________________________________

Date of Birth: ___________ E-mail Address: _________________________

Current School (College or Law School): ______________________________

School Address: ___________________________________________________

_________________________________________________________________

School Phone Number: _____________________________________________

Year in School: ____________ ________ full-time ________ part-time

Anticipated graduation date from current educational institution: ________

Most recent cumulative G.P.A.: _________
How have you paid the cost of your education to date: ____________________
_________________________________________________________________
_________________________________________________________________

How do you intend to pay the cost of your education for the next school year?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Part II – Household Gross Income – All information will be kept confidential.

A. 1. Please check one:

    ____ $0-$14,999    ____ $15,000-$24,999
    ____ $25,000-$34,999   ____ $35,000-$44,999
    ____ $45,000-$54,999   ____ $55,000-$64,999
    ____ $65,000 or above

2. How many wage earners are in your household? _________________

3. Are you a wage earner and, if so, what is your annual gross income?________________________________________________

4. How many dependents are in your household? ________________

5. Do you expect your income to change in the up-coming academic year? If so please provide a brief explanation. ___________________________
   ___________________________________________________________________
   ___________________________________________________________________
B. Please provide any other financial information that you would like the Committee to consider.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C. List any anticipated scholarship and/or grant money that you have applied for and may receive.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Part III

A. What areas of the law interest you? _____________________________
_________________________________________________________________
_________________________________________________________________

B. In what geographic region do you intend to pursue your practice?

_________________________________________________________________

Part IV - References

Please include three references.

1. Name: _______________________________________________________
   Address: ______________________________________________________
   E-mail Address: ________________________________________________
   Phone Numbers: ________________________________________________

2. Name: _______________________________________________________
   Address: ______________________________________________________
   E-mail Address: ________________________________________________
   Phone Numbers: ________________________________________________
3. Name: ________________________________________________________________
   Address: _____________________________________________________________________________________
   E-mail Address: ___________________________________________________________________________________
   Phone Numbers: ____________________________________________________________________________________

Part V - Required Attachments - You must include the following with your application:

A. **Essay** - Please attach your essay explaining why further education is important to you and what contributions you will make to society with the benefit of that education. This essay must be no longer than two (2) 8-1/2" x 11" pages, double-spaced; please use only one side of each sheet of paper.

B. A current **resume** detailing your community service, school activities, and work experience, not to exceed two (2) 8-1/2" x 11" pages, double-spaced.

C. A current **transcript** (may be unofficial).

Part VI - Statement of Intent

By signing below, I certify that all facts and statements provided in this application and the attachments hereto are true and that I will use any scholarship funds awarded to me for my education.

_______________________________________ Date: ___________
Applicant’s Signature

_______________________________________
Applicant’s Printed Name

---

Completed Applications should be forwarded to:

Donna VanScoy
50 West Montgomery Avenue, #105
Rockville, Maryland 20850
(301) 610-0110