

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 Law School Scholarship

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 or Hampshire County and must have been a resident for no less than five years. Preference given to Hampden County residents.

Considerations

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

Complete and submit this application to the Hampden County Bar Association Scholarship Committee, 50 State Street, Room 137, PO Box 559, Springfield, MA 01103 by JULY 15th. After review of all applications received, the finalists will be reviewed and if necessary, finalists will be invited to a Committee interview. After the Committee has reached a decision, the recipient(s) will be notified by email. The applicant will be required to provide proof of registration in a certified law school. Once sufficient proof is received, scholarship monies will be sent directly to the applicant and the recipient will be announced in a press release and on the Hampden County Bar Association website.

SCHOLARSHIP APPLICATION FOR THE ACADEMIC YEAR BEGINNING

	Month	Year		
Name	Phone:	Date of Bi	rth:	
Address:	City:	State	e: Zip Code	
County: Hampden Hampsl	nire: How long have y	you lived in that County: _		
Law School you are attending: _		Year of Study	/ Full Time:	
Undergraduate School:		GPA: Da	te of Graduation:	
Major:		Degree Received:		
Extracurricular Activities:				
High School Attended:	Date of Graduation:			
Extracurricular Activities:				
Employment History:				
Employment History:				

Along with this application, please submit your resume and a brief statement of your goals and reason for entering law school.

FINANCIAL INFORMATION TO BE PROVIDED BY APPLICANT AND SPOUSE

Applicants First Name _		Last Name	Middle		
Status or Occupation	Name of Employer				
Address of Employer					
Marital Status					
If applicable					
Spouses First Name		Last Name	Middle		
Status or Occupation	Name of Employer				
Address of Employer					
	Applicant	Spouse	Total		
Total Income					
Soc. Sec. V.A.					
Benefits					
Rentals					
Interest, Dividends					
Other Annuities					
Federal Income Tax					
Value of Checking &					
Saving					
Current Balance of					
Undergraduate Loans					
Dependents Name	,	Age Relationship _			
Name		Age Relationship			
Name					
Please list any assistan					