



HAMPDEN COUNTY BAR FOUNDATION

50 State Street, PO Box 559, Springfield, MA 01102-0559

Telephone: (413) 732-4648 ♦ Facsimile: (413) 732-6882 ♦ E-mail: admin@hcbar.org

ATTORNEY DAVID A. LADIZKI 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 Foundation Scholarship Committee, 50 State Street, Room 137, PO Box 559, Springfield, MA 01102-0559, by **JULY 15th**. Please include with your submission your resume and a brief statement of your goals and reason for entering law school. 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 Birth: _____

Address: _____ City: _____ State: _____ Zip Code _____

County: Hampden ____ Hampshire: ____ How long have you lived in that County: _____

Law School you are attending: _____ Year of Study _____ Full Time: _____

Undergraduate School: _____ GPA: _____ Date of Graduation: _____

Major: _____ Degree Received: _____

Extracurricular Activities: _____

High School Attended: _____ Date of Graduation: _____

Extracurricular Activities: _____

Employment History: _____

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 _____ Age _____ Relationship _____

Please list any assistance you or your spouse might receive
