

THE NASSAU LAWYER'S ASSOCIATION OF LONG ISLAND
JAMES N. MAC LEAN SCHOLARSHIP FUND
EDWIN J. MULHERN SCHOLARSHIP

APPLICATION

Please Type Information

SEND APPLICATION TO:

ROBERT MANHEIMER ED.D.
SCHOOL OF EDUCATION
L.I.U. - C.W. POST CAMPUS
720 NORTHERN BLVD.
BROOKVILLE, NY 11548

50 OF 100 101 09-10

APPLICANT'S LEGAL NAME _____

ADDRESS _____ ZIP _____ TEL. _____

LEGAL GUARDIAN'S NAME _____

ADDRESS _____ ZIP _____ TEL. _____

STATE RELATIONSHIP _____

INFORMATION ABOUT THE APPLICANT:

DATE OF BIRTH _____ PLACE OF BIRTH _____

HIGH SCHOOL ATTENDED _____

STATE HONORS RECEIVED, IF ANY _____

WHAT COLLEGE WILL YOU GRADUATE FROM? _____

LIST COLLEGE CLUBS AND SERVICE GROUPS IN WHICH YOU HAVE BEEN A MEMBER OR OFFICER _____

LIST THE HOBBIES OR INTERESTS WHICH ENGAGE YOUR PERSONAL TIME _____

LAST SCORE _____ GRE SCORE _____

HAVE YOU BEEN ACCEPTED BY A LAW SCHOOL? _____

IF SO, INDICATE: LAW SCHOOL _____

ADDRESS _____

IF NOT, CHECK ONE:

HAVE NOT YET APPLIED

HAVE APPLIED BUT HAVE NOT BEEN ACCEPTED AS YET

HAVE APPLIED, WAS REJECTED, AND AM APPLYING TO OTHER LAW SCHOOLS

HAVE APPLIED, WAS ACCEPTED, BUT WAITING TO MAKE A FINAL CHOICE

FINANCIAL STATUS:

ARE YOU FINANCIALLY INDEPENDENT? _____

1. A. Parent's gross income for the past year: Father _____ Mother _____

B. Your gross income for the past year: _____

2. No. of persons (parents, children, etc.) dependent on family income _____

Give details: _____

3. Are any of those above attending college? How many? _____

4. A. Do you have any savings, bonds, trusts or interest in other property? _____

Specify: _____

B. Are you employed: Part Time Full Time Day Evening Not Employed

Give name of employer _____

Employer's address _____

Complete the budget estimate form below showing anticipated income and expenses during the next three calendar years.

(Grant applied for not to be included)

<u>EXPENSES</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Tuition & Fees	_____	_____	_____
Room & Board	_____	_____	_____
Clothing	_____	_____	_____
Transportation	_____	_____	_____
Incidentals	_____	_____	_____
Total Expenses	_____	_____	_____

<u>INCOME</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Contribution by family	_____	_____	_____
Taken from savings	_____	_____	_____
Applicant's earnings	_____	_____	_____
Grants or scholarships	_____	_____	_____
Loans to Applicant	_____	_____	_____
To be raised	_____	_____	_____
Total Expenses	_____	_____	_____

Use the space below for any comment which you think would help the Committee in its appraisal of your application.

I submit the above application and statements in support of my application for The Nassau Lawyer's Association Scholarship. I agree to report in June of each year my progress toward the award of an LLD degree.

Date

Signature of Applicant

IMPORTANT: Applicant must submit with this Application a Transcript of his/her College grades.