

APPLICATION FOR THE LASALLE  
COUNTY BAR ASSOCIATION SCHOLARSHIP

STUDENT APPLICATION INFORMATION

1. NAME: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_
4. PHONE NUMBER: \_\_\_\_\_
5. EMAIL: \_\_\_\_\_
6. SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_
7. CURRENT HIGH SCHOOL: \_\_\_\_\_
8. EXPECTED OR ACTUAL DATE OF GRADUATION: \_\_\_\_\_

ADDITIONAL QUESTIONS

1. Please provide a list of any Honors or Awards received:

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2. List any school activities.

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3. List any community involvement.

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4. List any work experience.

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5. What are your aspirations or goals?

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6. Please indicate your reasons for needing any financial assistance.

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7. What are your career plans?

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**8. Please provide any other information you believe is important**

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I acknowledge that the information provided above is true and correct and that I accept the terms and conditions of the LaSalle County Bar Association rules regarding the scholarship.

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Signature of Applicant

Date Signed