

QUEENS COUNTY WOMEN'S BAR ASSOCIATION

P.O. Box 585, Borough Hall Station,

Kew Gardens, NY 11424

a Chapter of the Women's Bar Association of the State of New York

718-595-0585

e-mail QCWBA@yahoo.com

QCWBA FAITH O'NEAL SCHOLARSHIPAWARD

ELIGIBILITY:

1. Students enrolled at an ABA accredited law school who have completed their first full semester.
2. Applicants must be domiciled in Queens County, or attend a law school in Queens County. Proof of Queens County domicile such as a driver license, non-driver identification or utility bill is required if the applicant does not attend a law school located in Queens County.
3. The application together with college and law school transcripts and written personal statement must be sent to: **Susan L. Borko, Esq., 73-44 195th Street, Flushing, New York, 11366**, on or before **November 5th, 2009**.

COMMITTEE DETERMINATION:

The scholarship committee shall make its determination based on the following:

1. Community service
2. Financial need
3. Academics
4. Written personal statement

AWARD OF SCHOLARSHIP:

Two (2) One Thousand (\$1000.00) Dollar Scholarships will be awarded at the Queens County Women's Bar Association's annual Judiciary Night. Both Scholarship winners will be notified approximately one week before the award presentation.

QCWBA FAITH O'NEAL SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE ALL RESPONSES:

Name:

First Middle Last

Domicile:

Mailing Address if Different:

Telephone Numbers:

Day Evening

Marital Status: _____ Social Security Number: _____

Place of Birth: _____ US Citizen?: Yes _____ No _____
City, State, Zip Code

How did you first learn of the Queens County Women's Bar Association?

EDUCATION:

1. Name of Law School, Address & Dates Attended:

2. Expected date of JD Degree (month and year):

3. Name, Location, Dates Attended, Major Degree Received from:

High School: _____

Undergraduate College/University: _____

Graduate College/University: _____

Other: _____

4. List Academic Honors, Prizes or Scholarships you received in College/University:

5. List groups of associations or community programs which you are or have been involved in:

6. List any extenuating circumstances or special needs which would make it difficult for you to meet your educational financial obligations:

FAMILY INFORMATION:

The following information is required whether or not you are independent of your parents:

1. Father's Name: _____
Occupation: _____
Annual Salary: _____

2. Mother's Name: _____
Occupation: _____
Annual Salary: _____

3. List the names and ages of all your brothers and sisters:

Name	Age	Indicate if Living with Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you reside in your parent's household? _____

5. The total size of your parents' household: _____

6. The total size of your household: _____

7. Name of Spouse: _____

8. Spouse's Employer, Occupation and Annual Salary: _____

9. Your dependents outside the home: _____

EMPLOYMENT HISTORY:

Dates Employed	Name of Employer	Address	Position Held	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL INFORMATION:

1. Total Educational Indebtedness: _____

2. List all amounts and sources for each educational loan incurred:

Source	Date Incurred	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Total Amount of Other Indebtedness: _____

Creditor	Date Incurred	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Budget:

This budget covers the current academic year Fall – Summer:

A. Estimated Expenses

Tuition	_____
Fees/Books/Supplies	_____
Other: _____	_____
Rent/Board Amount	_____
Food	_____
Utilities	_____
Travel to/from School	_____
Other: _____	_____
Total Expenses	_____

B. Estimated Resources

Savings	_____
Veteran Benefits	_____
Parents	_____
Relatives/Friends	_____
Spouse's earnings	_____
Your earnings	_____
Expected Scholarships (specify sources)	_____
Name _____	_____
Amount _____	_____
Total Resources	_____

Did you or will you file a US Federal Income Tax Return for the preceding year? Yes ___ No ___
Did you receive a Federal Student Aid Report? Yes _____ No _____

WRITTEN PERSONAL STATEMENT:

Write a brief statement of not more than 200 words concerning your significant community service activities and professional goals. Be as specific as possible.

APPLICANT'S AFFIRMATION:

I hereby affirm that all of the foregoing information and representations are true and correct. I further agree to submit all official documentation in order to verify the information reported on this application, if so requested.

Signature of Applicant: _____

Date: _____