

Queens County Women's Bar Foundation, Inc.
P.O. Box 240566, Borough Hall Station
Jamaica, New York 11424
QCWBFScholarships@gmail.com

QUEENS COUNTY WOMEN'S BAR FOUNDATION, INC.
FAITH E.O'NEAL SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE ALL RESPONSES:

Name: _____
 First Middle Last

Domicile: _____

Mailing Address if Different: _____

Telephone Numbers: _____
 Day Cell Evening

Marital Status: _____ Social Security Number: _____

Place of Birth: _____ U.S. Citizen: Yes _____ No _____

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

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 or associations or community programs which you are or have been involved in:

6. List any extenuating circumstances or special needs which 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 _____

FINANCIAL INFORMATION:

1. Total Educational Indebtedness: _____

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

<u>Source</u>	<u>Date Incurred</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Total Amount of Other Indebtedness: _____

<u>Creditor</u>	<u>Date Incurred</u>	<u>Amount Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Budget:

This budget covers the academic year (Fall-Summer):

A. Estimated Expenses:	Amount
Tuition	_____
Fees	_____
Books/Supplies	_____
Other(specify)	_____
Rent/Board	_____
Food	_____
Utilities	_____
Travel to/from school	_____
Other (specify)	_____
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 last tax 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: _____