



## HAMPDEN COUNTY BAR ASSOCIATION

50 State Street, Springfield, MA 01103

Telephone: (413) 732-4648 ♦ Facsimile: (413) 732-6882 ♦ E-mail: [Admin@HCBar.Org](mailto:Admin@HCBar.Org)

### John F. Moriarty Scholarship

#### LAW SCHOOL SCHOLARSHIP APPLICATION

##### 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 County and must have been a resident for no less than five years.

##### Considerations

Applicants will be considered based on academic and extracurricular accomplishments to date and on financial need.

##### Procedure

Complete and submit this application to the Hampden County Bar Association Scholarship Committee, 50 State Street, Room 137, Springfield, MA 01103 by JUNE 15, 2022. After review of all applications received, the finalists will be invited to a Committee interview. After the Committee has reached a decision, the recipient(s) will be notified by mail. The scholarship monies will be forwarded directly to the law school for direct application against tuition costs, and the recipient will be announced to the membership at the Annual Meeting of the Hampden County Bar Association.

#### SCHOLARSHIP APPLICATION FOR THE ACADEMIC YEAR BEGINNING

Month \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long in Hampden County?: \_\_\_\_\_

Name of Institution for : \_\_\_\_\_ which you are requesting scholarship aid Yr. of Study: \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Complete Institution Address: \_\_\_\_\_

Undergraduate School Attended: \_\_\_\_\_ Date of Grad.: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_ Degree Rec'd: \_\_\_\_\_

Grade-Point Average: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Date of Grad.: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Employment History: \_\_\_\_\_

Please state (briefly) your goals and reasons for entering law school:

(Use back or attach a separate page if necessary.)

## FINANCIAL INFORMATION TO BE PROVIDED BY APPLICANT AND SPOUSE

PLEASE NOTE: TO BE COMPLETED BY ALL APPLICANTS. DO NOT LEAVE ANY ITEM BLANK.

1. APPLICANT'S NAME	Last	First	Middle	Marital Status (Check one)	Single	Married Date	Divorced Date	Widowed Date
2. SPOUSE'S NAME	Last	First	Middle					

3. STATUS OR OCCUPATION			Applicant	Spouse			
4. NAME & ADDRESS OF EMPLOYER							
5. EXACT INCOME BEFORE FEDERAL TAXES FROM:		WAGES	APPLICANT	SPOUSE		TOTALS	
SOC. SEC. V.A. BENEFITS				\$			
RENTALS				\$			
INTEREST, DIVIDENDS				\$			
OTHER ANNUITIES				\$			
6. EXACT FEDERAL INCOME TAX				\$		\$	
7. VALUE OF CHECKING AND SAVINGS ACCOUNT(S)				\$		\$	
Description and Estimated Sales Value of Real Estate Owned (House Owners Indicate if House is Single or Multi-Family Dwelling)							
8. MORTGAGE(S) ON REAL ESTATE							
9. OR OTHER PROPERTY							
10. CASH VALUE OF INVESTMENTS (STOCKS, BONDS)							
11. MAKE & YEAR OF AUTOMOBILE(S)							

DEPENDENTS IN ADDITION TO SPOUSE AND APPLICANT

12. NAME	AGE	RELATIONSHIP	DEGREE OF DEPENDENCY

13. DO YOU PLAN TO SECURE A SUMMER OR PART TIME POSITION ? EMPLOYER	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Explain) (below)	Anticipated Income	\$	per hr. <input type="checkbox"/>	per wk. <input type="checkbox"/>	per mo. <input type="checkbox"/>	per season <input type="checkbox"/>
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LIST WORK EXPERIENCE DURING HIGH SCHOOL AND SUMMERS:

14. Kind of Work	Employer - Year	How Long Employed	Total Earned

15. LIST ALL SOURCES TO WHICH YOU HAVE APPLIED FOR ASSISTANCE.
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16. LIST SPONSORS AND AMOUNTS OF ASSISTANCE RECEIVED TO DATE (INCLUDE PREVIOUS YEARS)			
NAME	TYPE	SCHOOL YEAR	AMOUNT
			\$
			\$

PLEASE COMPLETE ITEM NO. 16 ON PAGE 2.

17.

18. SIGNATURE(S) OF APPLICANT (SPOUSE)

Applicant \_\_\_\_\_

Spouse \_\_\_\_\_

Date \_\_\_\_\_

I (WE) CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE.