

METROPOLITAN BLACK BAR ASSOCIATION SCHOLARSHIP FUND, INC.

CANAL STREET STATION

P. O. BOX 1074

NEW YORK, NEW YORK 10013

MBBASF APPLICATION FORM

(All information will be treated confidentially.)

All Application materials, including the recommendation, must be submitted together.

APPLICANT'S NAME:

(First) (MI) (Last)

CURRENT MAILING ADDRESS:

(Address) (City) (State) (Zip Code)

VALID UNTIL: _____ **TELEPHONE:** Day: (____)_____
(Month/Day/Year) Evening: (____)_____

E-MAIL ADDRESS: _____ **CELL/PAGER:** (____)_____

PERMANENT MAILING ADDRESS:

(Address) (City) (State) (Zip Code)

EMERGENCY CONTACT/TEL NUMBERS: (____)_____ (____)_____

DATE OF BIRTH: _____ **FEMALE:** _____ **MALE:** _____

APPLICANT'S STATUS:

Single: _____ Married: _____ Separated: _____ Divorced: _____

Number of dependents: _____ **Ages:** _____

Are you a U.S. citizen? ___Yes ___No **If No, please indicate your status:**

Student Visa: _____ **Permanent Resident:** _____ **Filed for Citizenship:** _____
Date Filed _____ Certificate No. _____ Court Filed _____

How did you first learn of the Metropolitan Black Bar Association Scholarship Fund?

Current law school: _____ **Class:** 1L _____ 2L _____ 3L _____ 4L _____

Address: _____

Expected date of Graduation: _____

Grade Point Average: _____

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SECTION A - PERSONAL INFORMATION

FAMILY INFORMATION: The following information must be provided.

Parent's current status: Single: _____ Married: _____ Divorced: _____

FATHER:

MOTHER:

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Employed ____ **Retired** ____ **Deceased** ____

Employed ____ **Retired** ____ **Deceased** ____

Occupation: _____

Occupation: _____

IF RETIRED OR DECEASED GIVE FORMER OCCUPATION

Employer: _____

Employer: _____

Annual Salary: \$ _____

Annual Salary: \$ _____

What is the total size of your parents' household including yourself? _____

List below names and ages of all individuals for whom your parents are providing financial support. Please check (✓) those that live with your parent(s). Also, list the school or college/postgraduate program each individual is currently attending.

Name	Age	(✓) If Living with Family	Name of Present School	Current Year In School or College	Graduate School

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SECTION A - PERSONAL INFORMATION

APPLICANT'S EMPLOYMENT: List chronologically all employment, including military service.

Name of Company	Address	City/State	Zipcode	Position	Dates of Employment	Annual Salary

Spouse's Name: _____

Spouse's Address:

(Address) (City) (State) (Zip Code)

Spouse's Employer:

(Name) (Address) (City) (State) (Zip Code)

OCCUPATION: _____ **ANNUAL SALARY:** _____

Number of Dependents, if any: _____ **Ages:** _____

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SECTION A - PERSONAL INFORMATION

APPLICANT'S EDUCATION: (Please include school and location, dates attended, major, degree received or expected)

	Name of Facility	Location	Dates Attended	Major	Degree Received	Degree Expected
High School						
Undergraduate College or University						
Postgraduate College or University						
Other						
Other						

PROFESSIONAL LICENSE(S) EARNED:

SECTION A - PERSONAL INFORMATION

Please list academic honors, prizes or scholarships you received as an undergraduate:

Please list academic honors, prizes or scholarships you received in Graduate School and Law School:

Please list your current law school extracurricular activities or organizations which you are involved in:

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SECTION B - FINANCIAL INFORMATION

Consumer Debt:

Type	Original Amount	Creditor	Outstanding Balance

Other Indebtedness

Creditor

Amount

METROPOLITAN BLACK BAR ASSOCIATION SCHOLARSHIP FUND, INC.

SECTION B - FINANCIAL INFORMATION

Budget:

This budget covers the period from 8/20/___ through 6/20/___ and is based on attendance at Law School

RESOURCES:

(Estimated)

Personal Savings_____

Income/Salary_____

(Academic Year Gross Earnings)

Miscellaneous (specify)_____

Relatives/Friends_____

Spouse's Earnings_____

Summer Employment Earnings_____

Scholarship Expected

(Specify Source/Amount)

Loans Expected

(Specify Source)

TOTAL RESOURCES: _____

EXPENDITURES:

(Estimated)

Personal Expenses:

Housing: On Campus_____

Off Campus_____

Food_____

Utilities_____

Public Transportation_____

Auto Expense_____

Clothing_____

Medical & Dental_____

Recreation_____

Life Insurance_____

Other Expenses_____

(Specify)_____

School Expenses:

Tuition_____

Fees_____

Books & Supplies_____

TOTAL EXPENDITURES: _____

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SECTION C - FINANCIAL INFORMATION

FINANCIAL RESOURCES: PLEASE LIST ALL AMOUNTS CONTRIBUTED TOWARDS APPLICANT'S EDUCATION.

Parents/Relatives: \$

Applicant's Earnings: \$

Spouse: \$

Loans: \$

Scholarships: \$

Other Resources:
(specify)

Total Current Educational Indebtedness; Please list all amounts and sources:

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APPLICANT'S AFFIRMATION: I hereby affirm that the foregoing information is correct. I further agree to submit additional documentation if requested by MBBASF, in order to verify the information reported on this application.

Applicant's Signature: _____ **Date:** _____

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CONSENT FORM

Applicant's Name (Please Print or Type):

(First) (M.I.) (Last)

To the Applicant: Please sign the consent statement below and give the attached Recommendation Form to someone who knows you well, such as a teacher or employer, but not a relative or friend.

I hereby consent that _____ furnish to MBBASF the information and evaluation requested on the attached Recommendation Form. In this connection, I hereby waive my right of access to said evaluation in accordance with the Family Educational Rights and Privacy Act of 1974.

Applicant's Signature: _____ **Date:** _____

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RECOMMENDATION FORM

Applicant's Name (Please Print or Type):

(First) (M.I.) (Last)

The applicant has applied to MBBASF for financial assistance toward his/her law school expenses. Your comments will play a vital part in the evaluation of the application. Please complete this form and return it to applicant in a sealed envelope.

How long have you known the applicant?_____

In what capacity?_____

Based upon your knowledge of the applicant, please write a brief recommendation about the applicant.

Name:_____

Permanent address:_____

Current telephone Number:_____

Cellular/Beeper Number:_____

E-mail address:_____

Signature:_____

Date:_____