James W. Stoudt Memorial Scholarship Program
Scholarship Application Form

Name of Scholarship Applicant

Applicant’s Mailing Address

Phone: ________________________ E-mail: __________________________________________________________

For which scholarship are you applying?

___ General

___ Minority (please indicate minority group below)

___ Black (African) Americans – Persons having origins from any of the Black groups of Africa.

___ Hispanic Americans – Persons having origins from one or more of the Spanish-speaking peoples of Mexico, Puerto Rico, Cuba, Central or South America or the Caribbean Islands.

___ Native Americans – Persons having origins from or more of the original peoples of North America and who are recognized as an Indian by a tribe or tribal organization.

Name of Law School

________________________________________

Are you in good standing with the law school? (i.e. Academically eligible to attend classes?)

___ Yes     ___ No

Are you a Pennsylvania Resident?

___ Yes     ___ No

Are you a second year law student in a three-year program or a third year law student in an extended four or five-year program?

___ Yes     ___ No

Are you a student member of the Pennsylvania Bar Association Young Lawyers Division?

___ Yes     ___ No
Have you attached your current resume?
___ Yes  ___ No

Have you attached the required essay?
___ Yes  ___ No

Have you attached an unofficial copy of your transcript?
___ Yes  ___ No

Have you attached proof of financial need?
___ Yes  ___ No

Have you attached a copy of your voter registration card or Pennsylvania Driver’s License as proof of residency?
___ Yes  ___ No

I certify that all the information on this application is true and complete to the best of my knowledge.

Sign_________________________________________________________ Date_____________________

Please return no later than December 3, 2020 to:
Pennsylvania Bar Foundation
P.O. Box 186
Harrisburg, PA 17108-0186