

**Italian American Bar Association of Michigan
Student Scholarship Application**

Name: _____

Address: _____

Law School Presently Attending: _____

Date of Admission: _____

Credit Hours Completed: _____

(NOTE: scholarship is only available to second and third year law school students)

Cumulative Grade Point Average: _____

Please attach:

- ✓ Your résumé
- ✓ A brief statement explaining why you feel you qualify as a possible recipient of this scholarship (Not to exceed one page)
- ✓ Law school transcript (Original student-issued copy acceptable)
- ✓ Optional -- two letters of recommendation maximum

Dated: _____ Signature: _____

Applications must be received by March 31, of current year.

Send to:

Current Vice President

Refer to the Officers Listing