

Hofstra Law School

Office of Enrollment Management • 121 Hofstra University • Hempstead, NY 11549-1210
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LALSA ALUMNI SCHOLARSHIP FUND APPLICATION

Personal Information

Name: _____ Juris Doctor anticipated: ____/____/____

Local Address: _____ Mailing Address: _____
_____ (if different) _____

Telephone: _____

Current Employer: _____ Position: _____

Anticipated Employer for Fall 2007: _____ Position: _____

Is employment based on financial need, professional advancement or both? _____

Please indicate any financial awards or scholarships you have or anticipate receiving while attending Hofstra University School of Law: (name source and amount) _____

Current Educational Indebtedness

Total Undergraduate Debt: _____ Total Graduate Debt: _____

Combined Total Debt: _____

Subsidized Stafford: _____ Private: _____

Unsubsidized Stafford: _____ Perkins: _____

GradPLUS: _____ Other (specify): _____

Current Household Income 2006 \$ _____ # in Household _____ # of Dependents _____

List the person(s) in your household who are enrolled in a school requiring payment of tuition and fees.

Name of Student Enrolled	Relation to Self	Year of Study	Cost of Annual Tuition and Fees
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Statement

Please enclose with this application a personal statement (no more than two double-spaced typed pages) in which you describe how you have demonstrated your commitment to the Latino community prior to attending law school, what you are presently involved in that continues to show this commitment, what is your level of participation with the Hofstra Chapter of the Latino Law Students Association, if any, and how you intend to continue your outreach and activism in the Latino community after obtaining your law degree. You may include anything else that you believe is relevant to your application and that can aid the committee in determining your qualifications.

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Educational Background

High School Graduation or GED Date: _____

College/University: _____

Major: _____ Degree: _____ Graduation Date: _____

Post-Graduate studies: _____ Major: _____

Degree or Certificate: _____ Date: _____

List any awards, honors, scholarships or special recognitions, and the year it was earned (Do not include any from Hofstra Law School): _____

Are you a first generation college graduate? Yes No

If not, please describe immediate family's educational achievements: _____

Are you a first generation graduate student? Yes No

If not, please describe immediate family's educational achievements: _____

List any honors, academic achievements or scholarships received while attending Hofstra School of Law:

Law School G.P.A.: _____ ***An unofficial transcript is acceptable.

List any extracurricular activities and affiliations: _____

Note: If you need additional space for any of the requested information, please attach an extra sheet.

Certification

All the information provided is complete and accurate to the best of my knowledge. I understand that all applications are confidential and will only be used for evaluating eligibility. I hereby give the LASFC permission to request verification of provided information from any source necessary to determine my eligibility. I also acknowledge that it is my responsibility to submit a complete package to LASFC and comply with all deadlines, and that a failure to do so may result in ineligibility.

In addition, I understand that should I receive an award, there is no guarantee of renewal. I must reapply and be re-evaluated for an award each year. I also hereby give the LASFC permission, if I am chosen as a scholarship recipient to use my name and/or likeness for promotional purposes.

I understand and agree that any scholarship I may receive is non-transferable and may only be used to cover the cost of tuition and fees connected with attending Hofstra Law School. If for any reason, I withdraw from Hofstra Law School or am otherwise no longer matriculated at Hofstra Law School, I shall return any unused scholarship funds and shall have no claim to any undisbursed funds.

I hereby certify that I have read the application information and filled out the requested information as instructed and I understand and accept all conditions specified. I understand that falsification of information may result in automatic disqualification from this application process and eligibility in successive years, and/or in termination of any scholarship granted. All application materials become the property of LASFC.

Signature

Date