

**Walter Sackur
Annual Scholarship**

Purpose:

Established to support Hofstra Law students with a disability who have an interest in pursuing a career in public service.

Range of Award:

\$1,000

Award will be made for one academic year; not renewable

Eligibility:

All applicants must:

1. Be a second- or third-year Hofstra Law student
2. Demonstrate financial aid
3. Have a disability
4. Demonstrate an interest in pursuing a career in public service

To apply for this scholarship, please submit:

1. A completed and signed Walter Sackur Annual Scholarship Application.
2. A copy of your resume.
3. A personal statement (please see application form for details).
4. Additionally, a valid 2023-2024 FAFSA must be on file.

All documents must be submitted as one PDF file, via email to lawfinaid@hofstra.edu,
no later than 5:00pm on Friday, November 17, 2023.

If you are unable to scan your application to be saved as a PDF file, you can download the Adobe Scan app on your phone for free. This app takes pictures and converts them to PDF files. We cannot accept pictures of the pages; all applications must be submitted as a PDF attachment in an email.

Note: Please be advised that students receiving a full-tuition scholarship are ineligible to apply.

Walter Sackur Annual Scholarship

Personal Information

Hofstra Student ID: _____ Name: _____
Last *First* *Middle*

Anticipated Graduation Date: _____ / _____ Program Enrollment: Full-Time Part-Time
Month *Year*

Local Street Address: _____

Preferred Telephone: cell home (____)____ - _____ Hofstra E-mail: _____

Current Residency: On Campus Off Campus With Parents/Relatives

Financial Information

Educational Indebtedness

Total Federal Loans Borrowed to Date \$ _____

Total Private Loans Borrowed to Date \$ _____

Total Loan Debt \$ _____

Resources

Hofstra Law Merit Scholarship \$ _____

Other Scholarship/Grant Assistance \$ _____

Total Resources \$ _____

Personal Statement for the Walter Sackur Annual Scholarship

Please include a statement for each scholarship (no more than 1 page) describing how you meet the specific criteria and why you are deserving of the selected scholarship. You may include any information about your personal, academic or professional goals, career plans, or community involvement that you believe would assist the scholarship committee in evaluating your application.

Educational Background

| | |
|---|-------|
| College/University (<i>undergraduate</i>) | _____ |
| Major | _____ |
| Degree | _____ |
| Graduation Date | _____ |
| Post-Graduate Studies | _____ |
| Major | _____ |
| Degree or Certificate | _____ |
| Date Received | _____ |

List any awards, honors, scholarships or special recognitions, including the year it was earned (NOT from Hofstra Law School):

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

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 page

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 Scholarship Committee 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 the Scholarship Committee 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 Scholarship Committee permission, if I am chosen as a scholarship recipient to use my name and/or likeness for promotional purposes.

I understand and agree that by signing this form, I give permission to the Scholarship Committee to release information regarding my application to the scholarship donor and all applicable parties.

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 Maurice A. Deane School of Law at Hofstra University. If for any reason, I withdraw from Hofstra Law or am otherwise no longer matriculated at Hofstra Law, 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 the Scholarship Committee.

Name (printed)

Signature

Date