<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$___________</td>
</tr>
<tr>
<td>University Fee</td>
<td>__________</td>
</tr>
<tr>
<td>Room</td>
<td>__________</td>
</tr>
<tr>
<td>Board</td>
<td>__________</td>
</tr>
<tr>
<td>Personal</td>
<td>__________</td>
</tr>
<tr>
<td>Transportation (air &amp; ground)</td>
<td>__________</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>__________</td>
</tr>
<tr>
<td>Bar Review Materials</td>
<td>__________</td>
</tr>
<tr>
<td>Medical</td>
<td>__________</td>
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<tr>
<td>Student Activity Fee</td>
<td>__________</td>
</tr>
<tr>
<td>Health Service Fee</td>
<td>__________</td>
</tr>
<tr>
<td>Total Expenses per Semester</td>
<td>__________</td>
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</tbody>
</table>

**Matching Funds:**

- **Law School Scholarship/Grant**: __________
  
  Please identify source(s) ____________
  
  ________________________________

- **Student Loan**: __________
  
  Please identify source(s) ____________
  
  ________________________________

- **Student Contribution**: __________
  
  Please identify source, or sources,
  (i.e., savings, family, etc.) ____________
  
  ________________________________

**Total Funds**: __________
A. TO BE COMPLETED BY APPLICANT: (PLEASE TYPE - BE SURE TO FILL IN ALL BLANKS)

1. Name: (last name) ____________________________ (first name) ____________________________ (middle initial) ____________________________
   Social Security No.: ____________________________
   Date of Birth: Month _______ Day _______ Year _______
   Sex: M ______ F ______
   Place of Birth: ____________________________ If not a U.S. citizen, are you a permanent resident? ________ How long? ________________

2. Current Address:
   Street or Box No. ____________________________
   City ____________________________ State __________ Zip __________
   Telephone: ____________________________
   Years at present address: ________________

Permanent Address in the V.I.:
   Street or Box No. ____________________________
   City ____________________________ State __________ Zip __________
   Telephone: ____________________________
   Years at present address: ________________

3. Dependent(s) ____________________________
   What is your contribution to the support of said Dependent(s)? ____________________________

4. Local Contact Person: ____________________________
   Address: ____________________________
   Telephone: ____________________________

B. SCHOOLING

1. List in order (beginning with last school attended) schools attended in the last four years:

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>ADDRESS</th>
<th>DATES ATTENDED</th>
<th>DEGREE</th>
</tr>
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<tbody>
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</tbody>
</table>
C. LAW SCHOOL

2. Which school do you plan to attend: ____________________________
   Have you been accepted? ____________________________

<table>
<thead>
<tr>
<th>NAME</th>
<th>CITY &amp; STATE</th>
<th>YES</th>
<th>PENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST CHOICE:</td>
<td>____________________________</td>
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<tr>
<td>2ND CHOICE</td>
<td>____________________________</td>
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</table>

D. FAMILY INFORMATION: (If you were domiciled with your parent(s) at any time over the past five years for any period of time, please complete 3-10.)

3. Father’s Name ____________________________
   Living ___________ Deceased ___________
   Mother’s Name ____________________________
   Living ___________ Deceased ___________

4. Home Address: ____________________________
   Telephone Number: (___) ___-______
   (Father)

   ____________________________
   (___) ___-______
   (Mother)

5. Present occupation of parent(s):
   Father ____________________________
   Mother ____________________________

6. Name and address of parent(s) employer(s):
   Father ____________________________
   Mother ____________________________

7. Total income before taxes for last calendar year:
   $__________ (Father)
   $__________ (Mother)
8. Please list names and ages of all children in your family:


9. Names of those presently attending elementary, high school and/or college:


10. Cost of tuition for one year for each child listed in 9 above:


E. FAMILY INFORMATION: (Spousal information to be completed only if the applicant is married 11-18.)

11. Spouse's Name _____________________________________________________________

    Living __________________ Deceased __________________________

12. Home Address: 

    ________________________________

    Telephone Number: 

    (____) ____-______ 

    (Spouse)

13. Present occupation: 

    Spouse ___________________________________________________________________

14. Name and address of employer(s): 

    Spouse ___________________________________________________________________

15. Total income before taxes for last calendar year: 

    $______________________ (Spouse)

16. Please list names and ages of all children in your family:
17. Names of those presently attending elementary, high school and/or college:
__________________________________________

18. Cost of tuition for one year for each child listed in 17 above:
__________________________________________

F. EMPLOYMENT EXPERIENCE: (If additional space is needed, please use a plain sheet of white paper).

19. Please list jobs (including summer employment) you have held in the last 3 years:

<table>
<thead>
<tr>
<th>JOB TITLE &amp; WORK PERFORMED</th>
<th>EMPLOYER’S NAME &amp; ADDRESS</th>
<th>DATES EMPLOYED</th>
<th>WAGES</th>
</tr>
</thead>
<tbody>
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G. MILITARY: (If you have ever served in the military, please complete this section)

20. Military service dates: From __________ To __________
Branch of service __________________________ Serial Num. __________
Rank: __________________________ Discharge Date __________
Type of discharge __________________________
If disabled, what is disability rating? __________________________

H. EXTRACURRICULAR ACTIVITIES AND INTERESTS:

21. List your extracurricular activities and interests in order of importance:
__________________________________________

__________________________________________
22. List any honors or distinctions you have received:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE CHECK CAREFULLY TO MAKE SURE YOU HAVE FILLED IN ALL BLANKS. ANSWER FULLY AND COMPLETE ALL QUESTIONS.

(PARENTS SIGNATURE REQUIRED FOR APPLICANTS UNDER 21)

(Date) Applicant's Signature

(Date) Father's (or guardian’s) Signature

(Date) Mother’s (or guardian’s) Signature

APPLICANT’S CERTIFICATION

I _______________________________ declare under penalty of perjury that all of the information contained in this proposal for financial assistance is correct and true to the best of my knowledge.

I affirm that I am a permanent resident of the U.S. Virgin Islands and that I plan to engage in the practice of law in the U.S. Virgin Islands and, if I do not return to practice law in the U.S. Virgin Islands within 3 years after graduation from law school, I understand that the grant will become a loan repayable with interest at the rate of 9% per annum accruing from the date of receipt of the funds.

I agree that the decision on applicant selection is solely within the discretion of the Scholarship Committee of the Virgin Islands Bar Association, and I agree to be bound by that decision without further review of Committee selection.

Date ___________________________ Signature ___________________________