



ASSOCIATION FOR WOMEN LAWYERS FOUNDATION

SCHOLARSHIP APPLICATION

Date of Application: _____

CONTACT INFORMATION

Name: _____

Email: _____

Employer: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

MEMBERSHIP IN AWL

Are you a current member of AWL? *Yes* *No*

If no, are you a past member? *No* *Yes, when:* _____

Describe your past participation with AWL programs or socials: _____

PERSONAL INFORMATION

How many years have you been practicing law? _____

In what state bars are you licensed to practice law? _____

What are your principal areas of law practice? _____

How did you find out about the AWLF Scholarship Program? _____

Are you involved in any other law related organizations? *No* *Yes, please describe:*

Are you involved in any community organizations? *No* *Yes, please describe:*

Have you previously applied for/received an AWLF Scholarship? *No* *Yes, please describe amount(s) awarded, date(s) and purpose(s) of the Scholarship awards:*

Please clearly state your financial need for this Scholarship.

REQUESTED SCHOLARSHIP

What is the purpose for which you will use the Scholarship funds?

What dollar amount are you requesting? _____

Please provide a detailed budget and breakdown of the requested Scholarship amount (add additional lines, as needed):

Item	Amount
Total:	

NOTE: The total amount reimbursed will not exceed the total amount requested in this section.

Please attach a copy of any promotional materials describing the event or purpose of your Scholarship application.

PERSONAL STATEMENT

Please attach a typed 250-word maximum personal statement addressing why you are applying for an AWLF Scholarship and how the event/conference/educational opportunity for which you apply is aligned with and will benefit your professional goals.

I certify that the information contained in this application is true and correct to the best of my knowledge.

Name

Date