



ADIRONDACK
F O U N D A T I O N
Generous Acts Enhancing Communities

Essex County Bar Association Scholarship

In an effort to support the next generation of law professionals in Essex County, the Essex County Bar Association established this scholarship fund. Any full-time residents who are attending an accredited law school in the United States shall be eligible to apply. Completed applications will be reviewed and recipients recommended by majority vote of the officers of the Association. Recipients seeking renewed awards for second or third year studies must provide grade reports of the preceding year. Scholarship payment will be made directly to the law school.

Name: _____ (Print) E-mail Address: _____ Date of birth: _____

Permanent Address:

Street: _____ Town: _____ State: _____ Zip: _____ Phone: _____

Temporary Address if different from above:

Street: _____ Town: _____ State: _____ Zip: _____

_____ Phone: _____

If you are not now living in Essex County, where and at what time did you live there?

Grade School: _____ Address _____ From _____ To _____

High School: _____ Address _____ From _____ To _____

*College(s): _____ Address _____ From _____ To _____

_____ Address _____ From _____ To _____

What was your major in college: _____

Father's Occupation: _____ Mother's Occupation: _____

Family Gross Income (include all sources such as wages, social security, retirement, pension, disability, ADC, etc.): \$ _____

Number and ages of Children in the family: _____ Number in College: _____

How was your college education funded? (Please be specific)

Scholarships: _____ Loans: _____

Other: _____ What do you still owe: _____

*Have you been accepted at a Law School? _____ Name & Address _____

What year will you be in next fall? _____ What are you considering specializing in? _____

How will you fund law school? Do you have other scholarships? If you have loans or scholarships give the amounts of each:

Scholarships: _____ Loans: _____

Other: _____

Work Record: Where have you worked and when? Please include address or phone number (for additional space use separate paper).

Where _____ When _____ Supervisor _____

What did you do? _____ Phone (____) _____

Where _____ When _____ Supervisor _____

What did you do? _____ Phone (____) _____

Other work experience:

Why are you applying for the Essex County Bar Association Scholarship? Describe your interests and personal qualification for a law career including any honors you may have received. Describe any academic, community activities and/or extra curricular activities in which you have participated. (use separate sheet, maximum 2 pages typed double-spaced).

You are responsible for including 1 reference letter with your final application. Please include the names and telephone numbers of the three references for additional follow-up.

I certify that the statements in this application are true and correct.

Applicant Signature _____ Date: _____

Send 1 copies of complete application with 1 copy of sealed reference letters to:

Adirondack Foundation, PO Box 288, Lake Placid, NY 12946

If you have questions call 518-523-9904 or email: info@adkfoundation.org