

2021-2022 Endowed Scholarship Application

Name: _____ <small>First Last</small>	Student ID #: _____
Expected Graduation Date: _____	Program: FT Day PT Evening PT Day
Undergrad University: _____	High School Name: _____
Undergrad Major: _____	High School Location: _____ <small>County State</small>

Please answer the following questions in a typed document and attach to this application. Also read and sign the attached acknowledgment and submit with your application.

***** APPLICATIONS DUE FRIDAY, MAY 7, 2021 *****

1. Describe your involvement in the Capital University Law School community. Have you participated in student organizations, civic, and/or community activities? What was your role in those activities?
2. Discuss an academic challenge you have encountered at Capital University Law School. How were you able to overcome this challenge? Did this experience change your views of the law or affect plans and goals you have after law school?
3. Identify one class of particular interest to you and share how this course has affected your academic experience. If you participated in externship(s), please explain what these experience(s) have had on your studies and/or future plans?
4. Identify and discuss your professional goals after Law School. Do you plan to continue your involvement with the Capital community and if so, in what capacity?
5. *Optional:* Provide any additional information (i.e. honors, awards, etc.) that you would like the scholarship committee to consider in the review process.

FOR FA OFFICE USE ONLY

COA _____	SCH _____	R/E _____	1L GPA _____	CUM GPA _____
FC _____	NEED _____	LVL _____	2L GPA _____	GPA DIFF _____

PLEASE READ and SIGN BELOW

I declare that the information on this form is correct and complete. I agree to provide, when requested, official documentation to verify information in this application. If any information submitted in this application is determined to be false, I understand that Capital University Law School has the right to cancel or decrease any scholarship funds I may receive.

I acknowledge that any funds I may receive will reduce my loan eligibility for the award year. I understand that scholarship funds are to be applied to tuition costs only. If the total scholarship(s) received exceeds tuition charges for the semester, my scholarship may be reduced.

I grant the Office of Financial Aid permission to publish my name and photograph along with the scholarship award and, if requested, to share application materials with scholarship donors and potential donors.

Signature _____

Date _____

*Please submit this application to the Financial Aid Office by **Friday, May 7, 2021.***

Applications may be submitted by mail, fax, or e-mail at the contact information below.

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