



CAL NORTHERN SCHOOL OF LAW LEGAL OPPORTUNITY SCHOLARSHIP

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline July 14th

APPLICANT Last Name _____ First _____ Middle Initial _____

DATA Permanent Home _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address _____

Please indicate your status. (For statistical purposes only) Male Female

Please select with which of the following you identify:

- African American/Black
- Asian American/Pacific Islander
- Hispanic/Latino
- Native American/American Indian
- Other: _____

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE Describe your paid work experience during the past four years (e.g., office work, professional work; if stay home parent, please indicate). Indicate dates of employment for each job and approximate number of hours worked each week.

Name of Employer	Position Held	From-Mo/Yr	To-Mo/Yr	Hours per week

COMMUNITY SERVICE ACTIVITIES List community service activities in which you have participated.

Activity	From-Mo/Yr	To-Mo/Yr	Offices Held or Description of Participation

PERSONAL STATEMENT Please attach to this application an essay (no more than 500 words) explaining why you are interested in practicing law in the North State **(See Instructions for Completing Scholarship Application.)**

FINANCIAL DATA If you are independent, information about you and your spouse (if applicable) should be provided. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return.
If you are a dependent student, please have your parent/guardian complete this section.

- I am an independent student. The data below represents my finances.
- I am a dependent student. The data below represents my parents' finances.

1. State of Residence _____		7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____
2. Adjusted Gross Income (FORM 1040) \$ _____		8. Total number of family members living in the household and primarily supported by the reporting income. # _____
3. Total Federal Tax Paid (FORM 1040) \$ _____		
4. Total Income of Parent (Self) \$ _____		9. Marital Status of parent, guardian or self:
5. Yearly Untaxed Income and Benefits:		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single
Please indicate source -		<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Child Support		10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) # _____
Other _____ \$ _____		
6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____		

TRANSCRIPTS A complete transcript of grades must be sent with this application (unless already submitted with an Application for Admission).

APPLICATION CHECKLIST The applicant is responsible for submitting all materials to Cal Northern's Scholarship Committee on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Personal Statement
- Complete transcript(s) of grades
- Copy of page one and two of 1040 income tax form
- Signed Release Form

All materials, including transcript, must be addressed to:
CAL NORTHERN SCHOOL OF LAW
LEGAL OPPORTUNITY SCHOLARSHIP
1395 Ridgewood Drive, Ste. 100
Chico, CA 95973

CERTIFICATION Cal Northern's Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's description.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____	Date _____
Parent's Signature _____	Date _____

(Required if student is a dependent.)