



HBAM LAW SCHOOL SCHOLARSHIP APPLICATION FORM 2021-2022

Instructions: Please answer each question completely and accurately. If a question is not applicable, please indicate this by writing "N/A." Where necessary, use additional pages to complete your answers.

1. APPLICANT'S CONTACT INFORMATION.

Last Name First Name Middle

Address for Scholarship Notification City State Zip Code

Email Address Telephone

2. EDUCATION.

Law School: _____

Expected Date of Graduation: _____

Undergraduate School(s): _____

Degree(s): _____

Year of Graduation(s): _____

Other Graduate School(s): _____

Degree(s): _____

Year of Graduation(s): _____

3. DEMOGRAPHIC INFORMATION

Date of Birth: _____

Gender: _____

Pronouns: _____



Race/Ethnicity: _____

4. HBAM Student Member:

YES/NO

5. EXTRA?

6. OTHER. Please discuss any additional financial facts or circumstances that you believe might be useful in evaluation of your application.

7. CONFIDENTIALITY.

HBAM respects the privacy of all Applicants and will treat all information contained in and submitted along with this HBAM Law School Scholarship Application Form as confidential, except as may be required to evaluate and verify information contained in an application. However, in the event you are selected to receive a HBAM Law School Scholarship, HBAM may utilize general information about your background and a photo, provided by you, to publicize your receipt of a scholarship and/or the HBAM Law School Scholarship Program generally. Please note that HBAM will never inquire into or disclose information about the immigration status of any of our applicants. By signing below, you are indicating your agreement with these terms, including your waiver of confidentiality as described here should you be selected as a scholarship recipient.

I understand and agree to the terms of this provision, including waiver of confidentiality as described here should I be selected to receive the HBAM Law School Scholarship, and grant free permission to HBAM to utilize general information about my background and a photo to publicize my receipt of a scholarship and/or the HBAM Law School Scholarship Program generally.



Signature of Applicant

Date

8. CERTIFICATION.

I certify that, to the best of my knowledge and belief, the information contained in my application and all documents submitted along with my application are true and accurate representations of my background and candidacy for this scholarship.

Signature of Applicant

Date