SCHOLARSHIP APPLICATION

BIOGRAPHICAL DATA

Name: __________________________________________________________________________
  Last    First    Middle

Address: _________________________________________________________________________
  Number    Street    City    ZIP Code

Phone: __________________________________________________________________________
  Day (include area code)    Evening (include area code)
  Birthday: _________________
             Month/Day/Year

Current Employer: __________________________________________________________________

Address: _________________________________________________________________________
  Number    Street    City    ZIP Code

Years Employed: _______________    Hours Worked Per Week: __________

Marital Status (single/married/separated/divorced/widowed): __________________________

If Married and/or Have Dependents:

Spouse's Full Name: __________________________________________________________________
  Last    First    Middle

Spouse's Occupation: __________________________________________________________________

Children's Names and Ages: __________________________________________________________________

If Single and Dependent on Parents:

Parents' Full Names: __________________________________________________________________

Parents' Occupation: __________________________________________________________________

Siblings' Names and Ages: __________________________________________________________________
EDUCATIONAL DATA

Institution to be attended for period financial assistance is needed:

Name: ____________________________________________________________

Address: __________________________________________________________

Number Street City State ZIP Code

Proposed Major of Study: ____________________________________________

Are you a member of Wichita Legal Professionals/Kansas Legal Professionals, Inc.?
Yes ___ No ___

FINANCIAL DATA

During the school year for which scholarship assistance is requested, Applicant will:

_____ Reside with parents

_____ Reside in college housing

_____ Reside with spouse and/or children

_____ Maintain separate household

List school expenses known or estimated in the school year for which this application is made:

Tuition $__________

Travel expenses $__________

Books/Supplies $__________

Room/Board $__________

Total known or estimated expenses: ____________________________

List known or estimated income projected for school purposes in the school year for which this application is made:

From immediate family (spouse or parents) $__________

From other relatives and friends $__________

From personal loans $__________

From own employment $__________

Other scholarships, grants, etc. $__________

Total known or estimated income $__________
Applicant's Financial Status:

Applicant's net income for past tax year $__________

Spouse's net income for past tax year (if applicable) $__________

Parents' net income for past tax year (if applicable) $__________

VERIFICATION

I certify that to the best of my knowledge and belief, the information contained in this application is true, complete, and accurate.

Dated: ________________  
Signature of Applicant

Dated: ________________  
Signature of Applicant's Parent or Guardian if a Minor

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