

**SCHOLARSHIP FUND APPLICATION**

Information and Instructions:

**A.      QUALIFICATIONS**

A graduating senior from a Berkshire County high school who is pursuing secondary schooling in paralegal studies, legal secretarial program, political science, criminology, or any legal related field.

**B.      REQUIREMENTS**

1)      An applicant for this Scholarship Fund should complete this form in its entirety and submit it through the guidance or principal's office for forwarding to the **ATTENTION OF: Scholarship Committee, Berkshire Association for Paralegals and Legal Secretaries ("BAPLS")**, P. O. Box 1833, Pittsfield, MA 01202-1833 or email to: [cshea@apdoylelaw.com](mailto:cshea@apdoylelaw.com) or [kmclaughlin@smithgreen.com](mailto:kmclaughlin@smithgreen.com).

2)      Recommendations from high school teacher(s), guidance counselor, and/or employer.

3)      All applications and related material must be provided to BAPLS **no later than April 1, 2020**.

4)      Applicants will be informed of BAPLS' decision as soon as it is reached. **In no case will it be later than April 17, 2020**. The scholarship will be presented at our May meeting and the recipient is expected to attend.

5)      As a basis of selection for awarding of grants, BAPLS will evaluate financial need, past achievements and future potential of the applicant in the school, college selected or career objective.

6)      Funds granted will be paid directly to the school or college.

7)      Your transcripts for the prior two academic years in a sealed envelope.

Should you have any questions, please contact Christine Shea at [cshea@apdoylelaw.com](mailto:cshea@apdoylelaw.com) or Kathleen McLaughlin at [kmclaughlin@smithgreen.com](mailto:kmclaughlin@smithgreen.com)

**SCHOLARSHIP APPLICATION**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Name of school or college at which you have been accepted or expect to attend: \_\_\_\_\_

Intended course of study or major: \_\_\_\_\_

Career Goal: \_\_\_\_\_

**SECONDARY SCHOOL RECORD***(All applicants must complete this portion.)*

List high school/secondary school attended, with dates:

\_\_\_\_\_  
\_\_\_\_\_

List high school/secondary school honors, prizes or awards:

\_\_\_\_\_  
\_\_\_\_\_

List in full all school and community activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL DATA/DEPENDENT STUDENT**

*(If you are an Independent Student - DISREGARD THIS SECTION)*

Date and Place of birth: \_\_\_\_\_

Name of Parent or Guardian (state which): \_\_\_\_\_

Parent or Guardian Occupation: \_\_\_\_\_

Name of employer and address: \_\_\_\_\_

Total number of persons dependent on Parent(s) (including yourself): \_\_\_\_\_

Amount of scholarship aid Applicant is receiving: \_\_\_\_\_

Do your Parents approve of your making this application? \_\_\_\_\_

State your Parents' annual gross income as reported on their 2018 and 2019 W-2 forms:

2018: \_\_\_\_\_ 2019: \_\_\_\_\_

**WORK EXPERIENCE**

What work experience have you had during school term (include present job if employed):

<u>YEAR</u>	<u>JOB</u>	<u>AMOUNT EARNED</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

What summer or full-time employment have you had?

<u>YEAR</u>	<u>JOB</u>	<u>AMOUNT EARNED</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**PERSONAL DATA/INDEPENDENT STUDENT***(If you are a Dependent Student - DISREGARD THIS SECTION)*

Occupation: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Your gross yearly income for: 2018: \$\_\_\_\_\_ 2019: \$ \_\_\_\_\_

Your spouse's gross yearly income for: 2018: \$\_\_\_\_\_ 2019: \$ \_\_\_\_\_

Total number of dependents in your family: \_\_\_\_\_

Total number of dependents attending college other than yourself: \_\_\_\_\_

Amount of scholarship aid he/she is receiving: \$ \_\_\_\_\_

**FINANCIAL STATEMENT***(All applicants must complete this section.)*

I. Estimate of expenses for academic year for which aid is requested:

A.	Tuition	\$ _____
B.	Room and Board	\$ _____
C.	College Fees	\$ _____
D.	Books	\$ _____
E.	Other Expenses	\$ _____
	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

II. Estimate of amount available for your college expenses next academic year:

A.	From Family	\$ _____
B.	From Relatives	\$ _____
C.	From College Scholarships	\$ _____
D.	Other Scholarships	\$ _____
E.	Your Own Savings	\$ _____
F.	Money you Expect to Earn Next Summer	\$ _____
G.	Other Sources	\$ _____

III. Balance of funds actually needed (I minus II) \$ \_\_\_\_\_