



ALBERT PICK, JR. FUND LAW STUDENT SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness insure your application will be reviewed properly.

Application postmark deadline June 1

Sending a resumé 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.

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	GPA	TOTAL	LSAT

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

How many years have you lived at the above address? _____ How many years have you lived in Chicago? _____

Telephone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

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

American Indian /Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

COLLEGE AND GRADUATE SCHOOL DATA

List all postsecondary schools attended and degrees earned.

School Name _____ Graduation Date: Month _____ Year _____

City _____ State _____ Degree _____

School Name _____ Graduation Date: Month _____ Year _____

City _____ State _____ Degree _____

LAW SCHOOL DATA

Law school you plan to attend:

DePaul University College of Law Illinois Institute of Technology, Chicago Kent College of Law

Loyola University College of Law John Marshall College of Law

Other, explain _____

Year in law school **next** year: 1 Other, explain _____

Anticipated degree _____ Anticipated date of graduation: Month _____ Year _____

Student will live on campus live off campus

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

COMMUNITY AND VOLUNTEER ACTIVITIES, AWARDS AND HONORS

List all community and volunteer activities in which you have participated during the **past four years** (e.g., hospital volunteer, Special Olympics, etc.). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The applicant and spouse (if any) must complete this portion of the application. If the student is a dependent of his/her parents, check here and complete with financial information for the parents. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- 1. State of Residence _____
- 2. Adjusted Gross Income (FORM 1040) \$ _____
- 3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)
- 4. Total Income of Student (or father) \$ _____
Total Income of Spouse (or mother) \$ _____
- 5. Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security AFDC Child Support
 Other \$ _____
- 6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
- 8. Total number of family members living in the household and primarily supported by the reported income ...# _____
- 9. Marital status of student (or parent):
 Married Divorced Separated Widowed Single
- 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 AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a work supervisor, advisor or instructor who knows you well.

To the Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a law school program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
Signature _____ Organization _____ Date _____

TRANSCRIPT AND LSAT INFORMATION (REQUIRED)

All applicants must enclose a transcript of grades from each college and graduate school attended. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

A photocopy of the applicant's LSAT scores (must include student's full name) should also be enclosed.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services 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
- Current Complete Transcript(s) of Grades (including grading scale)
- LSAT Scores (including name)

All materials, including transcript, must be addressed to:

Albert Pick, Jr. Fund Law Student Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline June 1

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

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 _____

Spouse's (or Parent's) Signature _____ Date _____