LITCHFIELD COUNTY LEGAL PROFESSIONALS ASSOCIATION

**Annual Scholarship**

Deadline for submitting this is April 1, 2024

Please Mail Application to 46 West Street, P.O. Box 278, Litchfield, Connecticut 06759

(Attn: Peggy)

Email address: pgeddes@cramer-anderson.com

ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL

1. Name and Address

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: S M D W

2. Institution you will be attending in the Fall:

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

 Major/Minor you will pursue.

3. Name and Address of High School which you attended:

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

4. Financial Need Analysis:

 A. Have you filed for Financial Aid? Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

 B. Family’s estimation of financial need is:

 [ ] Slight (25% of financial assistance required)

 [ ] Moderate (50% of financial assistance required)

 [ ] Great (75% of financial assistance required)

 C. Both Parents work [ ] Only Father works [ ] Only Mother works [ ]

 D. Number of family members including [ ]

 Number attending college [ ]

 E. College expenses:

 1. Total Cost of College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Financial Assistance received from that college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Financial Assistance received from other sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. Total cost to be borne by parent and student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 F. Unusual family circumstances demonstrating need:

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 G. School Activities (+years participated)

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 H. Community Activities (+years participated)

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 I. Special Awards, Honors, & GPA

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 J. Are you currently employed? Yes\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

 If so, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long have you worked? \_\_\_\_\_\_\_\_\_\_\_\_ How many hours per week? \_\_\_\_\_\_\_\_\_

I hereby certify to the best of my knowledge that all the information contained on this application is accurate and complete.

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

 Applicant Date