La Raza Lawyers
Charitable Foundation
Santa Clara County

This is the Application for the academic year beginning this Fall. The award will be given at the annual scholarship dinner on October 23, 2015 at the Marriott Hotel in downtown San Jose. You must be present at the Scholarship Dinner to be eligible for your award.

DEADLINE FOR SUBMITTING YOUR APPLICATION IS October 8, 2015 AND MUST BE TRANSMITTED ELECTRONICALLY. Applications must be in word or PDF document, no exceptions. Email applications to sylvia.macdonald@ido.sccgov.org. If you have any questions, contact Sylvia Perez-MacDonald at (408) 758-4282.

AMOUNTS AND SCHOLARSHIP CRITERIA:
Four scholarship grants in the amount of at least $5,000.00 are available from the Santa Clara County La Raza Lawyers Charitable Foundation, including the Annual Andrew Gonzales Scholarship for Leadership to honor our Scholarship Founder and the Annual Daniel V. Hernandez Award for Community Service. Additional scholarships may be awarded as funds are available. Your application makes you eligible for all scholarships and any other awards that may be given out depending on funding.

ELIGIBILITY: You must be a PRESENTLY enrolled law student (1st, 2nd, 3rd, or 4th).

TERMS: The scholarship grants can be used to assist with living expenses, tuition, books, bar exam courses expenses or anything else you may need to further your legal education.

TO BE ELIGIBLE TO APPLY (CRITERIA):

The La Raza Lawyers Charitable Foundation, working in conjunction with the La Raza Lawyers Association of Santa Clara County, provides these grants to encourage and advance the social, cultural, economic and legal equality of the underserved and underprivileged, especially those in the Latino community. The scholarship grants are available to students who (1) are from the Bay Area (The Foundation will decide on a case by case basis if the student meets this criteria); -OR- (2) attend Santa Clara University, Lincoln Law School, UC Berkeley, the Monterey College of Law, the University of San Francisco, UC Hastings, Stanford, Golden Gate University, UC Davis, or McGeorge Schools of Law. The Foundation will also consider activities such as, but not limited to, community involvement, peer counseling, school activities and financial need.

EASY TO APPLY:
1. You may cut and paste an application below; and
2. Return the completed application electronically by the date listed above to the following email address:

sylvia.macdonald@ido.sccgov.org

PERSONAL INFORMATION
(Please type or print clearly--you may include a resume, but must fill out this application).

Name: _____

Permanent Address: _____

Mailing Address: _____

Home telephone: (_____)_____-_____

Work telephone: (_____)_____-_____

Employer: _____

Supervisor: _____

Phone Number: _____

May we contact your employer? Yes____ No____

SELECTION CRITERIA INFORMATION

How did you hear about the grant? _____
_____
_____

What year are you in law school? _____
_____
_____
_____

Tell us about how and why you decided to practice law? _____
_____
_____
_____

What community activities have you participated in to advance the social, economic and legal equality for Latinos or other communities of color? _____
_____
_____
_____

What community activities do you plan to pursue to advance the social, economic and legal equality of Latinos and other communities of color? _____
_____
_____
_____

(Please attach a resume to your application)

ACADEMIC INFORMATION

Name of law school you attend: _____
***Attach or send a PROOF of enrollment.**
Enrollment Status: Full Time_____ Part Time_____

Day Student_____ Night Student_____

Expected completion date: _____/_____
Month Year

SCHOOL DATES ATTENDED GRADUATION DEGREE
List all high schools, colleges, universities and institutions attended since high school. Include dates of attendance, graduation and any degree received.

- _____
- _____
- _____
- _____
- _____

List any special financial circumstances. (Attach additional sheet, if needed.)
_____
_____
_____
_____
_____

FINANCIAL INFORMATION
Estimated amount of annual tuition: $_____
Estimated amount of annual cost of books and materials: $_____
Other education related expenses. Be specific: _____
_____
_____
_____
_____
_____

Total: $_____

Please list two or more references who are not related to you. (Include name, address and telephone number):

1. Name: _____
    a. Address: _____
    b. Phone: (_____)_____-_____
2. Name: _____
    a. Address: _____
    b. Phone: (_____)_____-_____

You MAY attach up to two letters of recommendation from non-relatives. The Letters of recommendations may also be mailed separately but must also be postmarked by the due date to be considered.

Do you plan to live with your parents or relatives during the upcoming school year?
____Yes ____No

Do you support, either fully or in part, anyone other than yourself? If yes, give the following information about each person you support:

NAME ADDRESS AGE RELATIONSHIP

1. Name: _____
    a. Address: _____
2. Name: _____
    a. Address: _____
3. Name: _____
    a. Address: _____

INCOME: List your monthly income (including any income of your spouse, or dependent relative living in the household with you, and any parent contributing to your support).

If any person contributes to your support, list those persons, income and expenses under Parent/Other.

Your Own Parent/Spouse/Other
Wages _____/_____/_____

FINANCIAL INFORMATION

Other benefits: : _____

_____

Other income: _____

_____

Total Monthly Income: _____

_____

If you have been offered summer employment which is not listed as income above please list where you will be working and the amount of income you expect to receive:

Employer Income: _____

Employer Name: _____

Expenses: List the usual monthly expenses of you and the person whose income is listed

anywhere above if any. _____

_____

MONTHLY PAYMENTS YOUR OWN PARENT/SPOUSE/OTHER

Other Loans or Debts being paid by monthly installments: _____

Creditor Amount Monthly Payment: _____

TOTAL MONTHLY EXPENSES $_____

OTHER ASSETS:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you or your spouse own real estate. _____
If **YES**, specify and give current market value. If mortgage, show balance.

List the amount of assets you have $_____

Bank Account Balance $_____

Current value of stocks or bonds $_____

Other personal property valued at more than $1,000 or trust funds _____

TOTAL ASSETS: $_____

FINANCIAL INFORMATION

Remarks (use separate sheet if necessary to clarify above information). _____

_____

_____

_____

_____

List all other grants or financial aid that you currently receive:

1. _____
2. _____
3. _____
4. _____
5. _____

I know that anyone who makes or causes to be made a false statement or representation of any material fact in an application or for use in determining eligibility will be disqualified and required to repay any monies received. I affirm that all information in this document and any attachments is true.

SIGNATURE OF APPLICANT:

_____ DATE:_____

** Completed applications and letters of recommendation must be postmarked by the due date above.

TO BE CONSIDERED, AN APPLICANT MUST HAVE SUBMITTED THE FOLLOWING DOCUMENTS:

1. A COMPLETED APPLICATION SIGNED AND DATED BY THE APPLICANT;
2. A VERIFICATION OF ENROLLMENT FROM APPLICANT'S LAW SCHOOL;

THE LA RAZA LAWYERS ASSOCIATION OF SANTA CLARA COUNTY AND THE LA RAZA LAWYERS CHARITABLE FOUNDATION OF SANTA CLARA COUNTY RESERVE THE RIGHT TO CHANGE THE CRITERIA FOR AWARDING THESE SCHOLARSHIPS WITHOUT NOTICE. APPLICANTS WILL BE NOTIFIED ONLY IF THEY ARE AWARDED A SCHOLARSHIP. RECIPIENTS OF THE SCHOLARSHIP AGREE TO ATTEND LA RAZA LAWYER'S ANNUAL SCHOLARSHIP DINNER TO RECEIVE THEIR SCHOLARSHIP, WHICH IS USUALLY HELD IN THE FALL.

THE PERSONAL INFORMATION SUPPLIED BY APPLICANTS WILL BE USED BY LA RAZA LAWYERS OF SANTA CLARA COUNTY SOLELY FOR PURPOSES RELATED TO THE SCHOLARSHIP. THE APPLICANT AGREES THAT ONCE AN APPLICATION IS SUBMITTED THE COMPLETED APPLICATION IS OWNED AND IS THE PROPERTY OF LA RAZA LAWYERS OF SANTA CLARA COUNTY AND THE LA RAZA LAWYERS CHARITABLE FOUNDATION OF SANTA CLARA COUNTY AND WILL NOT BE RETURNED TO THE APPLICANT.