

**Santa Barbara Women Lawyers Foundation
P.O. Box 20085
Santa Barbara, CA 93120-0085**

2008 APPLICATION FOR SCHOLARSHIP

Name: _____

Address: _____

Permanent Address: _____

Telephone #'s: Home: () _____ Work: () _____

Email: _____ Fax: _____

How did you hear about the SBWL Foundation Scholarship? _____

Please list the undergraduate institutions you have attended, dates of attendance, and what degree, if any, was obtained:

1. _____

2. _____

3. _____

Undergraduate cumulative grade point average: _____

Please list the law schools you have, are or will be attending, as well as dates of attendance:

1. _____

2. _____

3. _____

LSAT score or percentile: _____

Years of law school completed: _____

Law school cumulative grade point average: _____

Languages spoken fluently: _____

Extra Curricular Activities, Awards, Honors and Offices Held: _____

Describe your community service achievements:

Please describe your need/use for scholarship:

Please attach a copy of your most recent law school transcript. If you have not yet attended a semester of law school, please attach a copy of your most recent undergraduate transcript.

Along with this application, please submit the attached financial data form, your and your spouse's (if applicable) federal tax return for the most recent tax year, and two recommendation letters from individuals who have known you for at least one year. Lastly, please submit a type-written personal statement of not more than three pages describing something about you personally (background; family; hobbies; business, professional, your community or school activities in which you have been involved); any set-backs or stumbling blocks you have experienced in life; what accomplishments you are most proud of; your connection to Santa Barbara County; and your short and long term goals upon successful completion of law school and the bar examination.

FINANCIAL DATA FORM**Name of Applicant:** _____

INCOME	Last 12 Months	Last Month
1. Applicant's earnings, overtime, and bonuses before taxes.	1.	1.
2. Applicant spouse's/significant other's earnings, overtime, and bonuses before taxes.	2.	2.
3. Any other income, incl. Child/spousal support, rentals, interest/dividends, parental contributions	3.	3.
TOTAL INCOME	4.	4.
EXPENSES PAYABLE	Last 12 Months	Last Month
5. Total mortgages or rent (identify whether mortgage or rent)	5.	5.
6. Total income taxes (federal State, SDI FICA, Medicare)	6.	6.
7. Total property taxes and Insurance	7.	7.
8. Total utilities	8.	8.
9. Law school tuition, fees, and books	9.	9.
10. Food (at home and out) and clothing	10.	10.
11. Child care, child support or spousal support, tuition for children and other school fees and costs	11.	11.

FINANCIAL DATA FORM
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Name of Applicant: _____

EXPENSES PAYABLE (ctd.)	Last 12 Months	Last Month
12. Transportation, car payments, vehicle maintenance	12.	12.
13. Medical, dental expenses, and medical and dental insurance	13.	13.
14. School loans and interest	14.	14.
15. Entertainment	15.	15.
16. Household expenses, such as cleaning, laundry, dry cleaning	16.	16.
17. Life insurance	17.	17.
18. Other significant expenses Please specify below	18.	18.

19. TOTAL EXPENSES	19.	19.

CERTIFICATION

I hereby certify that the information provided in and submitted with this scholarship application is true and complete to the best of my knowledge.

Date: _____

Signature

COMPLETE APPLICATIONS MUST BE POSTMARKED BY MARCH 24, 2008

Please forward your completed application to:

Lora D. Brown

Hardin & Coffin

125 East De La Guerra, Suite 102

Santa Barbara, California 93101

805-963-3301 (Phone)

805-963-7372 (Fax)

ldb@hardincoffin.com

THANK YOU