



# LOS ANGELES COUNTY ITALIAN AMERICAN LAWYERS ASSOCIATION (IALA) 2019 LAW SCHOOL SCHOLARSHIP APPLICATION

## PART I.

### INFORMATION AND INSTRUCTIONS

**A. Eligibility Criteria.** An applicant must meet two eligibility criteria.

1. During 2019, you must be enrolled at least part-time in a program leading to a J.D., L.L.M., or S.J.D. at a law school (i) accredited by the American Bar Association regardless of location, (ii) accredited by the California Committee of Bar Examiners (CCBE) regardless of location, or (iii) registered with the CCBE in the California counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, or Ventura.

2. If you graduate or complete all your credits for your program prior to July 1, 2019, you are ineligible unless you qualify under paragraph A.1 above in each month from September 2019 through and including December 2019.

3. Other than paragraphs A.1 and A.2 above, the scholarship is open to *all* persons, and you need *not* be Italian-American. If you are eligible, applied in a prior year, but did not win, you are encouraged to apply again this year especially if you applied as a first-year law student.

**B. Selection Criteria.** The IALA Scholarship Committee (the “Committee”) awards the scholarship based on three factors: (1) academic achievement, (2) financial need, and (3) potential contribution to the *Los Angeles-metropolitan area* Italian-American community. The Committee bases its decision on the applications received and may interview applicants.

**C. Award.** One scholarship award of three thousand dollars will be made. Taxes, if any, will be the winner’s responsibility. The winner will be honored at IALA’s December membership meeting with the California Supreme Court.

**D. Instructions**

1. **General.** Please answer all questions as completely as possible. In the event the space given in this application is insufficient for a response, please continue on a separate sheet of paper. You can submit either the Word or .pdf version of this application typed or handwritten (in black or blue ink). Please note the answer boxes in the Word version will expand when typed in while the .pdf version is static and not fillable.

**2. Transcripts.** Official transcripts are preferred, but if you cannot provide an official transcript, please explain why and provide an unofficial transcript. You need not provide originals; and copies, scans, Internet printouts, et seq. are acceptable. If you provide transcripts in a foreign language, please explain the grading system and note that although English translations are not required, they are helpful to the Committee.

**3. Certification, Authorization, and Signatures.** *You must sign and date the certification at the end of the application and both authorizations to release educational and employment information.* You can submit (i) original signatures, (ii) paper copies of your original signatures, i.e., a photocopy, or (iii) scans of your original signatures, e.g., a pdf. Photographs of your original signatures are acceptable but *not* preferred. Digital signatures, graphic signatures, /s/, and the like are *unacceptable*.

**4. Deadline.** You may submit your application beginning on January 1, 2019. **YOUR APPLICATION MUST BE RECEIVED BY THE COMMITTEE BY 6:00 P.M. PACIFIC TIME ON MONDAY, SEPTEMBER 30, 2019, BY MAIL, E-MAIL, OR OTHER PRE-PAID DELIVERY METHOD.** APPLICATIONS POSTMARKED OR PROVIDED TO A DELIVERY SERVICE PRIOR TO THIS DEADLINE, BUT RECEIVED **AFTER** THIS DEADLINE WILL **NOT** BE CONSIDERED.

**5. Delivery Methods:**

**a. E-Mail.** The Committee's preference is for you to e-mail a scan of your application to [IALA\\_Scholarship@att.net](mailto:IALA_Scholarship@att.net). (Please note the underscore character (“\_”) between “IALA” and “Scholarship[.]”)

**b. Mail.** Alternatively, you can mail your application to IALA Scholarship Committee, P.O. Box 712057, Los Angeles, CA 90071.

**c. Other.** If you wish to send your application by another method, e.g., FedEx, UPS, messenger, et seq., please contact the Committee at the e-mail or mail addresses above or at (323) 546-4911.

You need use only *one* method of delivery.

**6. Questions and Contact Information.** If you have any questions, please feel free to contact the Committee at the e-mail address, mail address, or phone number in paragraph D.5 above.

**E. Applicant Membership Benefits.** *Applicants are automatically enrolled as Law Student Members of IALA.* Meetings are only \$25 for Law Student Members and are generally held on the third Wednesday of each month at Casa Italiana at 1051 North Broadway, Los Angeles, California 90012. Meetings for 2019 include Gaelic Garlic Night with the Irish American Bar Association in April, a New York Street Fair in September, Marco Polo Night with the area Asian-American bar associations in October, and Supreme Court Night in December. Meetings are a great way to network, learn about the law, and just have fun. Regardless of what happens with your application, please join us, and we look forward to seeing you at the Casa!

**PART II.**  
**APPLICATION**

**A. Date and Marketing Question**

1. Date:

2. How did you hear about this scholarship? (Check one)

- a. Your Law School  b. IALA Website  c. IALA Meeting   
d. Word of Mouth  e. Other: \_\_\_\_\_

**B. Name, Birthdate, and Contact Information**

1. Name and Birth Information

TITLE	FIRST	MIDDLE	LAST	SUFFIX
BIRTHDATE (MONTH, DAY, YEAR)		BIRTHPLACE		

2. Permanent and Current Contact Information

CURRENT NUMBER, STREET & APT. OR UNIT	CITY	STATE	ZIP CODE
PERMANENT NUMBER, STREET & APT. OR UNIT	CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	EMAIL ADDRESS	

a. For a non-U.S. permanent address, please indicate:

SUB-DIVISION, E.G., PROVINCE	POSTAL CODE(S)	COUNTRY

**3. Please provide contact information for a person who will always know your current contact information.**

TITLE	FIRST	MIDDLE	LAST	SUFFIX
NUMBER, STREET & APT. OR UNIT		CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	EMAIL ADDRESS		

**a. For a non-U.S. address, please indicate:**

SUB-DIVISION, E.G., PROVINCE	POSTAL CODE(S)	COUNTRY

### C. First Factor: Academic Achievement

**Instructions:** If any entry in a CUM G.P.A. box is not based on a four-point scale, where an A grade equal four points, please enter the scale in the SCALE box. Rank can be indicated as a percentage or an ordinal number.

#### 1. High School

a. Please provide the following information for your high school or, for applicants who studied in a country without “high schools,” the school you attend immediately prior to entering a college or university, e.g., a lycée. If you attended more than one institution, please provide the following information for only your graduating or last institution.

NAME:			
NUMBER & STREET		CITY	STATE ZIP CODE
YEAR GRADUATED	CUM. G.P.A.	SCALE	RANK

2. **High School Equivalency Information.** If you received a high school equivalency certificate also known as a GED or general educational development certificate, please attach a copy of your certificate. Please see paragraph D.2 in Part I above, the Information and Instructions, and follow the directions for providing transcripts.

#### 3. Post-Secondary Institutions Other than Law School

a. **Name, Location, and Academics.** For each institution you attended after high school *other than a law school*, please provide the following information. Please list institutions from oldest to newest by enrollment date. Attach additional sheets if necessary.

##### i. First Institution Attended

NAME:			
NUMBER & STREET		CITY	STATE ZIP CODE
YEAR ENROLLED	YEAR GRADUATED	DEGREE	HONORS, E.G., CUM LAUDE
MAJOR	MINOR	CUM. G.P.A.	SCALE RANK

**ii. Second Institution Attended**

NAME:				
NUMBER & STREET		CITY	STATE	ZIP CODE
YEAR ENROLLED	YEAR GRADUATED	DEGREE	HONORS, E.G., CUM LAUDE	
MAJOR	MINOR	CUM. G.P.A.	SCALE	RANK

**iii. Third Institution Attended**

NAME:				
NUMBER & STREET		CITY	STATE	ZIP CODE
YEAR ENROLLED	YEAR GRADUATED	DEGREE	HONORS, E.G., CUM LAUDE	
MAJOR	MINOR	CUM. G.P.A.	SCALE	RANK

**b. Transcripts.** For each institution you provided in section C.3.a above, please attach a transcript. Please see paragraph D.2 in Part I above, the Information and Instructions, for further directions.

**c. Extracurricular Activities.** For each institution you provided in item C.3.a above, please identify and describe any extracurricular activities you were involved in. (The answer box will expand as you type in Word version.)

**d. Scholarships and Fellowships.** For each institution you provided in item C.3.a above, please identify and describe any scholarships or fellowships received and state the name, awarding entity, dates, amounts, and other benefits. (The answer box will expand as you type in Word version.)

**e. Honors, Awards, or Appointments.** For each institution you provided in item C.3.a above, please identify any academic honors, awards, or membership appointments received. (The answer box will expand as you type in Word version.)

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**4. Law School Information**

**a. Name, Location, and Academics.** For each law school you have attended, please provide the following information. Please list law schools from oldest to newest by enrollment date. Attach additional sheets if necessary.

**Transfer Students:** Please fill out the boxes labeled “*TRANSFER STUDENTS ONLY*[.]”

**Post-J.D. Applicants:** Please fill out the boxes labeled “*POST-J.D. APPLICANTS ONLY*[.]” If you are earning your post-J.D. degree at the same law school where you earned your J.D., please fill out section C.4.a.i, “First Law School Attended,” for your J.D. program and fill out section C.4.a.ii, “Second Law School Attended,” for your post-J.D. program.

**i. First Law School Attended**

NAME:				
NUMBER & STREET		CITY		STATE ZIP CODE
				<i>TRANSFER STUDENTS ONLY:</i>
YEAR ENROLLED	CUM. G.P.A.	SCALE	RANK	YEAR TRANSFERRED OUT
<i>POST-J.D. APPLICANTS ONLY:</i>				
YEAR GRADUATED		DEGREE	HONORS, E.G., CUM LAUDE	

**ii. Second Law School Attended**

NAME:				
NUMBER & STREET		CITY		STATE ZIP CODE
				<i>TRANSFER STUDENTS ONLY:</i>
YEAR ENROLLED	CUM. G.P.A.	SCALE	RANK	YEAR TRANSFERRED IN
<i>POST-J.D. APPLICANTS ONLY:</i>				
YEAR GRADUATED		DEGREE	HONORS, E.G., CUM LAUDE	

**b. Current Program:** For your *current* law school only, please provide the following information:

i. Program Type (for Current Semester or Quarter):

A. Division:  DAY  EVENING

B. Attendance:  FULL-TIME  PART-TIME

C. California Registration (*for Non-Accredited Schools Only*):

FIXED-FACILITY  DISTANCE-LEARNING  CORRESPONDENCE

ii. Year in Law School:  1ST  2D  3D  4TH  5TH+

iii. Anticipated Degree:

iii. Anticipated Graduation Date:    
MONTH YEAR

**c. Transcripts.** For each law school you provided in section C.4.a above, please attach a transcript. Please see paragraph D.1 in Part I above, the Information and Instructions, for further directions.

**d. Extracurricular Activities.** For each law school you provided in section C.4.a above, please identify and describe any extracurricular activities you are or have been involved in. (The answer box will expand as you type in Word version.)

**e. Scholarships and Fellowships.** For each law school you provided in item C.4.a above, please identify and describe any scholarships or fellowships received or to be received and state the name, awarding entity, dates, amounts, and other benefits. (The answer box will expand as you type in Word version.)

**f. Honors, Awards, and Appointments.** For each law school you provided in section C.4.a above, please identify any academic honors, awards, or memberships appointments received or to be received. (The answer box will expand as you type in Word version.)



**5. Written Statement**

Please see section F below.

## **D. Second Factor: Financial Need**

### **1. Household Expenses and Income**

Please use the following instructions to fill out Table 1 below for your household income and expenses *based on your 2019-2020 academic year*, which for most applicants will run from August or September through May or June. Your “household” includes all persons residing in your home during this academic year. If you need to add rows after expense row 9 in Table 1, you may modify this application in Word, WordPerfect, or another word processing program or attach an additional sheet with an expanded table.

#### **a. Instructions for Expenses**

**i. Row 4, Housing.** Please include any campus housing charges, rent, real estate debt, utilities, property taxes, assessments, HOA fees, insurance premiums, maintenance, capital improvements, et seq. as applicable to your housing situation.

**ii. Row 6, Other.** Please include all expenses or outflows not included in the categories in rows 1 through 5, including, for example, clothing, furniture, vehicle debt, credit card debt, travel or transportation expenses, alimony or child support payments, et seq.

**iii. Row 7, Total.** Please add the amounts for rows 1 through 6 in this row.

#### **b. Instructions for Income**

**i. Rows 1 through 5.** Please indicate the amounts **you** receive or expect to receive from your scholarships or fellowships, loans, veteran’s benefits, work-study earnings, and employment earnings. Please note:

**I. Row 1, Scholarships.** Please also include any fellowships in this row. Any amounts indicated in this row should also be indicated in section C.4.e above.

**II. Row 4, Work-Study.** Please include only income from an official work-study position received through a financial aid package.

**III. Row 5, Employment.** Please include any earnings from employment other than a work-study position in this row. Any income from a teaching or research position with your school should be included here unless (a) included in row 1 as a scholarship amount or (b) characterized by your school as a work-study income, in which situation, the income should be included in row 4.

**ii. Row 6, Savings.** Please indicate how much of your savings you will use to meet household expenses. The terms “savings” refers to income received from any source, taxable or not, prior to the current academic year, that you still retain, and includes any interest earned on it. Examples include employment earnings, gifts, and the items indicated in section D.1.a.vi below regarding Row 10, Other.

**iii. Row 7, Spouse/DP.** Please indicate the amounts your spouse or domestic partner contributes or is expected to contribute to your household.

**iv. Row 8, Parent(s)/Guardian(s).** Please indicate the amounts your biological, adoptive, or step-related parent or parents or your legal guardian or guardians contribute or are expected to contribute to your household.

v. **Rows 9 and 10, Blank.** Please indicate the amounts persons other than those indicated in rows 7 or 8 contribute or are expected to contribute to your household. Examples would be housemates, roommates, boyfriends, girlfriends, grandparents, et seq. If you indicate an amount in either of these rows, please indicate next to the number 9 or 10 your relationship with this person. Please note that alimony or child support from an ex-spouse or domestic partner should be included in row 11.

vi. **Row 11, Other.** Please indicate the amounts **you** receive or expect to receive from sources not indicated in rows 1 through 10, including, for example, alimony or child support, prize or lottery winnings, 401(k) or IRA distributions, Social Security payments, dividends, trust distributions, inheritance distributions, et seq. You need *not* indicate what the other sources are.

c. **Household Expenses and Income Table**

**Table 1  
Your Household Expenses and Income for the Academic Year**

Expenses		Income	
Item	Amount (\$)	Item	Amount (\$)
1. Tuition		1. Scholarships	
2. Fees		2. Loans	
3. Books/Supplies		3. Veteran/GI Benefits	
4. Housing		4. Work-Study	
5. Food/Board		5. Employment	
6. Other		6. Savings	
<b>7. Total (Sum 1-6)</b>		7. Spouse/DP	
		8. Parent(s)/Guardian(s)	
		9. _____	
		10. _____	
		11. Other	
		<b>12. Total (Sum 1-11)</b>	

2. **Assets**

a. Please indicate the current amount you and your spouse or domestic partner have in cash, savings, and checking accounts **excluding** any amounts received from third parties specifically to pay your household expenses like scholarships, financial aid, student loans, parental support payments, et seq.

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**b.** Please indicate the net value of your and your spouse's or domestic partner's investments, including any interests in any real estate, businesses, or farms. The "net value" means the value of an item less any debt secured by or against it, like the value of a home less the balance of a mortgage or deed of trust owed on it. Please *exclude* any primary residence, primary vehicle, or any employee retirement benefits.

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**3. Contributors and Dependents**

**a. Instructions**

Please provide the information requested below for (1) each person who contributed to your household income during the academic year, and (2) each of your dependents, defined as a person for whom you provide more than half of their financial support during the academic year. For each person:

- i.** Please indicate in the appropriate boxes your relationship to them and if they are a household contributor, household resident, or your dependent.
- ii.** If they are a household resident, you need not provide their address, if you provided the household address in section B.2 above.
- iii.** If they are both a contributor *and* a dependent, please fill out only one section below for them.
- iv.** If they are under 18 years of age, please do *not* provide phone or e-mail information.

Attach additional sheets if necessary.

**b. Persons**

**i. First Person**

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RELATIONSHIP TO YOU

	YES		NO		YES		NO		YES		NO		
	HOUSEHOLD CONTRIBUTOR?				HOUSEHOLD RESIDENT?				YOUR DEPENDENT?				AGE
TITLE	FIRST			MIDDLE			LAST			SUFFIX			
NUMBER, STREET & APT. OR UNIT				CITY				STATE		ZIP CODE			
DAY PHONE			EVENING PHONE			EMAIL ADDRESS							

**ii. Second Person**

RELATIONSHIP TO YOU

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
HOUSEHOLD CONTRIBUTOR?			HOUSEHOLD RESIDENT?			YOUR DEPENDENT?			AGE			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST	MIDDLE	LAST	SUFFIX

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER, STREET & APT. OR UNIT	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	EVENING PHONE	EMAIL ADDRESS

**iii. Third Person**

RELATIONSHIP TO YOU

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
HOUSEHOLD CONTRIBUTOR?			HOUSEHOLD RESIDENT?			YOUR DEPENDENT?			AGE			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST	MIDDLE	LAST	SUFFIX

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER, STREET & APT. OR UNIT	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	EVENING PHONE	EMAIL ADDRESS

**iv. Fourth Person**

RELATIONSHIP TO YOU

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
HOUSEHOLD CONTRIBUTOR?			HOUSEHOLD RESIDENT?			YOUR DEPENDENT?			AGE			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST	MIDDLE	LAST	SUFFIX

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER, STREET & APT. OR UNIT	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY PHONE	EVENING PHONE	EMAIL ADDRESS

**4. Support Programs**

For you and each person indicated above in sections D.3.a through D.3.d or on any additional sheets, please indicate in the table below if you or they are covered by any of the following support programs: Temporary Assistance to Needy Families (TANF), Medi-Cal, Supplemental Security Income (SSI), CalFresh/ Supplemental Nutrition Assistance Program (SNAP), General Assistance or General Relief, Section 8 (voucher or subsidy), public housing, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), free or reduced school lunch, Children’s Health Insurance Program (CHIP), or any similar programs. Attach additional sheets if necessary.

PERSON	SECTION OF APPLICATION	PROGRAMS
YOU	N/A	
FIRST PERSON	D.3.b.i	
SECOND PERSON	D.3.b.ii	
THRD PERSON	D.3.b.iii	
FOURTH PERSON	D.3.b.iv	

**5. Employment**

**a. If presently employed, please provide the following information regarding:**

**i. Your Employer.**

NAME		TELEPHONE NUMBER	
NUMBER, STREET & SUITE		CITY	STATE    ZIP CODE

**ii. Your Immediate Supervisor.**

TITLE	FIRST	MIDDLE	LAST	SUFFIX
PHONE		EMAIL ADDRESS		

**iii. Your Employment.**

**A. Title:**

**B. Average number of hours worked per week:**

C. Average gross monthly income:

D. Duties or Job Description (The answer box will expand as you type in Word version.):

b. **Professional Licenses or Memberships.** Please identify any professional licenses held (including issuing entity, license type and number, and effective dates) or memberships had (including the organization name, dates of membership, and any committee, officer, or board positions held) since high school. (The answer box will expand as you type in Word version.)

**6. Written Statement**

Please see section F below.

**E. Third Factor: Potential Contribution to the Los Angeles-metropolitan area Italian-American Community**

**1. In what city or county do you intend to practice law and why?** (The answer box will expand as you type in Word version.)

**2. Written Statement**

Please see section F below.



**F. Written Statements**

Please answer the following two questions either (1) using the boxes provided below, which will expand as you type in Word version, or (2) on separate sheets of paper.

**1. Question Number 1.** Please answer one of the following questions.

**a.** If you are Italian-American, how do you see yourself as an Italian American?

**b.** If you are Italian or of Italian descent, but not Italian-American, how do you see yourself as an Italian or a person of Italian descent?

**c.** If you are not Italian-American, Italian, or of Italian descent, please discuss your connection to or affinity for Italian or Italian-American heritage, culture, or persons.

**2. Question Number 2.** In regards to the three factors identified in paragraph B of Part I above, the Information and Instructions, please state why you should be awarded the scholarship.

**G. Certification and Signature**

I hereby certify that all of my statements and answers set forth in this application are true and correct.

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SIGNATURE DATE

**H. Authorizations to Release Educational and Employment Information**

Please complete the following authorizations.

**AUTHORIZATION TO RELEASE EDUCATIONAL INFORMATION**

I authorize the Scholarship Committee of the Italian American Lawyers Association to obtain my transcripts for any educational institution identified in this application or to contact any educational institution identified in this application to confirm any information provided in this application regarding that institution or my attendance, enrollment, or performance at that institution.

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SIGNATURE DATE

**AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION**

I authorize the Scholarship Committee of the Italian American Lawyers Association to contact or obtain information from my employer to confirm the information provided in this application regarding my employment.

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SIGNATURE DATE