



Nassau County Bar Association
OWEN B. WALSH WE CARE SCHOLARSHIP
Application Form

	<p>PLEASE CALL (516) 747-4070, EXT. 226 FOR ADDITIONAL INFORMATION, IF NEEDED</p>
<p><i>FIVE COPIES</i> OF THE COMPLETED APPLICATION AND ANY ACCOMPANYING DOCUMENTS** (including the certification below) SHOULD BE MAILED TO: WE CARE <i>Scholarship Program</i> <i>NC Bar Association</i> <i>15th & West Streets</i> <i>Mineola, NY 11501</i></p>	<p>SELECTION CRITERIA: Selection of Candidates for the OWEN B. WALSH WE CARE SCHOLARSHIP is based on several factors, with special emphasis on each individual's character, personal involvement in school activities and the community, especially those activities which benefit the less fortunate.</p> <p>Merit is demonstrated in a variety of ways: leadership in school, civic and other extracurricular activities; academic achievement; personal perseverance to excel in light of extreme and challenging life circumstances; and motivation to serve and succeed in all endeavors.</p> <p>THE COMPLETED APPLICATION MUST BE <u>RECEIVED ON OR BEFORE JANUARY 19, 2018.</u> Selection(s) will be made by April and <u>ONLY THE WINNERS</u> will be notified by April 30.</p> <p><i>**Though none are required, the Scholarship Committee is happy to review any letters of recommendation relating to the applicant's community service, volunteer activities and/or charitable commitments.</i></p>
<p>ELIGIBILITY REQUIREMENTS</p>	<p>A student may apply for the WE CARE Scholarship if he/she is:</p> <ul style="list-style-type: none"> • a U.S. citizen or a lawful permanent resident, <u>and</u> a Nassau County resident • full-time secondary school senior currently enrolled in a Nassau County high school; <u>and</u> • planning to pursue a degree at an accredited U.S. post-secondary institution
<p>PERSONAL INFORMATION</p>	<p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>Date of Birth: _____</p>

**ACADEMIC
INFORMATION**

Please state your official cumulative grade point average: _____

If applicable, what is your official class standing?

top 5% top 10% top 25% top 50%

How many students are in your class:

1-99 100 - 199 200-349 350+

Type of School:

public private parochial

Type of curriculum you are currently taking:

Honors College Prep General

Have you received other scholarships?

No Yes How Many? _____

What is the total value of scholarships received? \$ _____

**SCHOOL
ACTIVITIES**

Please indicate if you are involved in any of the following, whether you were a member or officer, and whether you were elected, appointed or volunteered:

	<u>Position</u>			<u>Status</u>		
	Member	Officer		Elected	Appointed	Volunteered
Student Council	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Officer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Honor Society	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Newspaper	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Literary Magazine	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Yearbook	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School and Classroom Related Clubs; Key/Rotary/Kiwanis, etc. (specify):						
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHOOL
ACTIVITIES
(continued)**

_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name any state or national awards and/or honors you have received:

Are you involved in any interscholastic activities, e.g. Mathletes, Debate Team, Model Congress?

Are you involved in any interscholastic athletics?

What position do you hold?

<p>EMPLOYMENT</p>	<p>Do you work during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many hours per week?</p> <hr/> <p>Type of work:</p> <hr/> <hr/> <p>Do you work during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of work:</p> <hr/> <hr/> <hr/>
<p>PERSONAL HISTORY</p>	<p>What are the most important things that you have done and obstacles overcome in your life and how have they contributed to you, your family, your community or your country?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

CERTIFICATION:

A. Applicant

IMPORTANT: Review this form and make certain you have responded accurately to all items.

I certify that all the statements made in this application form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature: _____

Date: _____

B. Counselor/Principal-Headmaster

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

PLEASE INDICATE THE DATE OF YOUR SENIOR AWARDS CEREMONY FOR THE 2017-2018 ACADEMIC YEAR:

If this applicant is chosen for a scholarship, WE CARE would like the opportunity to present the scholarship to the student at your awards ceremony.

Signature: _____

Print Name: _____

Date: _____

School Name: _____

Address: _____

Phone: _____

