



LOS ANGELES COUNTY ITALIAN AMERICAN LAWYERS ASSOCIATION (IALA) 2021 LAW SCHOOL SCHOLARSHIP APPLICATION

PART I.

INFORMATION AND INSTRUCTIONS

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

1. During 2021, 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, 2021, you are ineligible unless you qualify under paragraph A.1 above in each month from September 2021 through and including December 2021.

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 equal 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 of three thousand dollars (\$3,000) will be awarded. Taxes, if any, are 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. If the space given to answer is insufficient, 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; copies, scans, Internet printouts, et seq. are acceptable. If you provide transcripts in a foreign language, please provide an English translation and an explanation of the grading system.

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, or (ii) paper copies, i.e., a photocopy, or scans, e.g., a pdf, of your original signatures. Photographs are also acceptable but *not* preferred. Digital or graphic signatures, /s/, and the like are *unacceptable*.

4. Deadline. You may submit your application beginning on January 1, 2021. **YOUR APPLICATION MUST BE RECEIVED BY THE COMMITTEE BY 11:59:59 P.M. PACIFIC TIME ON MONDAY, NOVEMBER 1, 2021, BY E-MAIL OR MAIL OR OTHER PRE-PAID DELIVERY METHOD. APPLICATIONS RECEIVED AFTER THIS DEADLINE WILL NOT BE CONSIDERED EVEN IF POSTMARKED OR PROVIDED TO A DELIVERY SERVICE PRIOR TO THIS DEADLINE.**

5. Delivery Methods:

a. E-Mail. The Committee's preference is for you to e-mail your application to 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, facsimile, 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 currently held on Zoom the third Wednesday of each month.

◆ Meetings this year have included presenting our *Diversity and Inclusion Award* to Presiding Judge Eric Taylor of the Los Angeles Superior Court, *Italian-American Entertainers Night*, with actors around the world, and *Garlic & Gaelic Night*, held with the Irish American Bar Association.

◆ Meetings later this year include our annual *Marco Polo Night*, held with Los Angeles-area area Asian-American bar associations, and *California Supreme Court Night*, held with the Chief and Associate Justices.

◆ Meetings are a great way to network, learn about the law, and just have fun. Regardless of what happens with your application, check our Events page at www.iala.info and please join us!!!

PART II.
APPLICATION

A. How did you hear about our scholarship? (Check one)

1. Your Law School 2. IALA Website 3. IALA Meeting
 4. Word of Mouth 5. Other: _____

B. Personal and Contact Information

1. Name and Birth Information

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

2. Please indicate the pronouns we should use to refer to you or indicate "None" if none should be used.

	SUBJECT	OBJECT	POSSESSIVES	REFLEXIVE
EXAMPLES	She	Her	Her / Hers	Herself

3. 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	E-MAIL ADDRESS	

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

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

4. 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	E-MAIL 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. 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.)

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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.)

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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>				
<i>YEAR GRADUATED</i>		<i>DEGREE</i>		<i>HONORS, E.G., CUM LAUDE</i>

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>				
<i>YEAR GRADUATED</i>		<i>DEGREE</i>		<i>HONORS, E.G., CUM LAUDE</i>

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 Unaccredited 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 expenses and income *for your 2021-2022 academic year*, which for most applicants will run from August or September through May or June. The purpose of Table 1 is to determine your expenses and what sources of income you will use to pay them. Please round amounts to whole dollars.

a. Instructions for Expenses

i. Rows 4 through 6. If you are responsible for part of an expense because you reside with another person or for another reason, please include only the amount for which you are responsible.

ii. Row 4, Housing. Please include any school housing charges, rent, mortgage, utilities, taxes, assessments, HOA fees, insurance, maintenance, improvements, et seq.

iii. Row 6, Other. Please include all expenses not included in rows 1 through 5, for example, clothing, furniture, auto maintenance or debt, insurance, health care, travel, alimony, child support, expenses for your dependents, et seq.

iv. Row 12, Total. Please add rows 1 through 6 in this row.

b. Instructions for Income

i. Row 5, Employment. Please exclude (a) earnings included in row 1 as a scholarship amount or (b) included in row 4 as a work-study amount.

ii. Row 6, Savings. Please indicate how much of your savings you use or expect to use to pay your expenses.

iii. Rows 7 through 10, Third-Parties. Please indicate how much your spouse or domestic partner (row 7), parent(s) or legal guardian(s) (row 8), or other person(s) (rows 9 and 10), contribute(s) or is(are) expected to contribute to paying your expenses. For rows 9 and 10, please indicate your relationship to the person, e.g., grandparent, friend, et seq.

vi. Row 11, Other. Please indicate the amounts you use or expect to use to pay your expenses from sources not included in rows 1 through 10 like alimony, child support, prize or lottery winnings, 401(k) or IRA distributions, Social Security payments, dividends, trust distributions, inheritance, et seq. You need *not* indicate these sources.

iv. Row 12, Total. Please add rows 1 through 11 in this row.

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	
↓	↓	7. Spouse/DP	
↓	↓	8. Parent(s)/Guardian(s)	
↓	↓	9. _____	
↓	↓	10. _____	
↓	↓	11. Other	
12. Total (Sum 1-6)		12. Total (Sum 1-11)	

i. If Expenses row 12 does not equal Income row 12, please explain why. (The answer box will expand as you type in Word version.)

2. Contributors and Dependents

a. Instructions

Please provide the information requested below for (1) each person who will contribute or is expected to contribute to paying your expenses during the academic year, i.e., each person you listed in Income rows 7 through 10 of Table 1, and (2) each of your dependents, defined as a person for whom you provide more than half 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 contributor, co-resident (they reside with you), or your dependent.
- ii.** If they are a co-resident, you need not provide their address, if you provided the household address in section B.3 above.
- iii.** If they are both a contributor *and* a dependent, please fill out only one entry 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	
CONTRIBUTOR?				CO-RESIDENT?				DEPENDENT?				AGE

TITLE FIRST MIDDLE LAST SUFFIX

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NUMBER, STREET & APT. OR UNIT CITY STATE ZIP CODE

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DAY PHONE EVENING PHONE E-MAIL ADDRESS

ii. Second Person

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RELATIONSHIP TO YOU

	YES		NO		YES		NO		YES		NO	
CONTRIBUTOR?				CO-RESIDENT?				DEPENDENT?				AGE

TITLE FIRST MIDDLE LAST SUFFIX

--	--	--	--

NUMBER, STREET & APT. OR UNIT CITY STATE ZIP CODE

--	--	--

DAY PHONE EVENING PHONE E-MAIL ADDRESS

iii. Third Person

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RELATIONSHIP TO YOU

	YES		NO		YES		NO		YES		NO	
CONTRIBUTOR?				CO-RESIDENT?				DEPENDENT?				AGE

TITLE FIRST MIDDLE LAST SUFFIX

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NUMBER, STREET & APT. OR UNIT CITY STATE ZIP CODE

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DAY PHONE EVENING PHONE E-MAIL ADDRESS

3. Support Programs

For you and each person indicated above in section D.3.b or on any additional sheets, please indicate in the table below if you or they are covered by any public financial, housing, health care, nutrition or other assistance programs like TANF, Medi-Cal, SSI, CalFresh/ SNAP, G.A./G.R., Section 8, WIC, CHIP, et seq. Attach additional sheets if necessary.

PERSON	SECTION ABOVE	PROGRAMS
YOU	N/A	
FIRST PERSON	D.3.b.i	
SECOND PERSON	D.3.b.ii	
THRD PERSON	D.3.b.iii	

4. 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	E-MAIL 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.)

5. 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, county, or other place do you intend to practice law and why?
(The answer box will expand as you type in Word version.)

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2. Italian Proficiency

Please check all boxes that apply.

- | | | | | |
|----------------------------|-----------|--------------------------|-------------------|--------------------------|
| a. I can speak Italian: | fluently. | <input type="checkbox"/> | conversationally. | <input type="checkbox"/> |
| b. I can read Italian: | fluently. | <input type="checkbox"/> | conversationally. | <input type="checkbox"/> |
| c. I can write in Italian: | fluently. | <input type="checkbox"/> | conversationally. | <input type="checkbox"/> |

3. Organization Membership

Please indicate in chronological order from old to new if and when you have been a member of any Italian or Italian-American organizations or organizations involved in Italian or Italian-American heritage or culture. Please also indicate (a) if and when you held any offices or other positions in the organization and what they were and (b) if and when you served on any committees and any offices or positions held in them and what they were. (The answer box for this information will expand as you type in Word version.) Please attach additional sheets if necessary.

a. First Organization

NAME:			
NUMBER & STREET		CITY	STATE ZIP CODE
PHONE	WEBSITE	DATE JOINED	DATE LEFT
DATES AND TITLES OF OFFICES, POSITIONS, OR COMMITTEE MEMBERSHIPS, OFFICES, OR POSITIONS:			

b. Second Organization

NAME:			
NUMBER & STREET	CITY	STATE	ZIP CODE
PHONE	WEBSITE	DATE JOINED	DATE LEFT
DATES AND TITLES OF OFFICES, POSITIONS, OR COMMITTEE MEMBERSHIPS, OFFICES, OR POSITIONS:			

c. Third Organization

NAME:			
NUMBER & STREET	CITY	STATE	ZIP CODE
PHONE	WEBSITE	DATE JOINED	DATE LEFT
DATES AND TITLES OF OFFICES, POSITIONS, OR COMMITTEE MEMBERSHIPS, OFFICES, OR POSITIONS:			

4. 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? In answering, please discuss your connection to, affinity for, or involvement in or with Italian or Italian-American heritage or culture.

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? In answering, please discuss your connection to, affinity for, or involvement in or with Italian or Italian-American heritage or culture.

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

2. Question Number 2. In regards to the three factors for awarding this scholarship, your (1) academic achievement, (2) financial need, and (3) potential contribution to the Los Angeles-metropolitan area Italian-American community, please state why you should be awarded this scholarship.

G. Certification and Signature

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

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.

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.

SIGNATURE DATE