



**THE LOS ANGELES COUNTY ITALIAN-
AMERICAN LAWYERS ASSOCIATION
PROUDLY OFFERS ITS ANNUAL
\$3,000 LAW SCHOOL
SCHOLARSHIP.**

**WINNER TO BE HONORED AT OUR DECEMBER
MEETING WITH THE CALIFORNIA SUPREME COURT.**

**APPLICATIONS MUST BE RECEIVED
(NOT POSTMARKED) BY NOVEMBER 4, 2024.**

For further details or to obtain an application, please:

1. Download an application by scanning here →→→→
or go to <http://www.iala.info/page-1836187>; or



2. Access your school's scholarships web page; or

3. Contact your school's financial aid advisor or scholarships officer; or

**4. Contact us at: IALA Scholarship Committee, P.O. Box 712057,
Los Angeles, CA 90071; Telephone: (213) 618-6004;
E-Mail: iala-scholarship@outlook.com.**

1. NOW JOIN US: After you get your application, **join IALA today as a free law student member** at <https://www.iala.info/join> and ask about joining our Law School Committee!!

2. COME TO OUR MEETINGS: Our meetings are **fun and informative**; generally held the third Wednesday monthly at Casa Italiana at 1051 North Broadway in Los Angeles; a great way to **network with students, lawyers, and judges**; and feature **outstanding speakers and authentic Italian meals!!**

3. COME TO OUR EVENTS: Our annual events include **California Supreme Court Night, Garlic and Gaelic Night**, held with the Irish American Bar Association, **Marco Polo Night**, held with Los Angeles-area Asian bar associations, and our **New York Italian Street Fair!!**

For current events information, go to www.iala.info and please join us!!!

Please also follow us on:





ITALIAN-AMERICAN LAWYERS ASSOCIATION –

LOS ANGELES COUNTY

2024 LAW SCHOOL

SCHOLARSHIP APPLICATION

TABLE OF CONTENTS (HYPERLINKS)

<u>SECTION OR PART</u>	<u>PAGE</u>
Table of Contents (Hyperlinks)	1
Introduction, General Directions, and Activating Your Free Law Student Membership	2
A. Introduction and Statement of Purpose	2
B. General Directions	2
C. Activating your free law student membership	2
PART I. Information and Instructions	3
A. Eligibility Criteria	3
B. Selection Criteria	3
C. Award	3
D. Instructions	3
PART II. Application	5
SECTION A. Optional Marketing Question	5
SECTION B. Personal and Contact Information	5
SECTION C. First Application Factor: Academic Achievement	7
SECTION D. Second Application Factor: Financial Need	14
SECTION E. Third Application Factor: Potential Contribution to the Los Angeles-Metropolitan Area Italian-American Community	20
SECTION F. Written Statements	22
SECTION G. Certification and Signature	23
SECTION H. Authorizations to Release Educational and Employment Information	23

INTRODUCTION, GENERAL DIRECTIONS, AND ACTIVATING YOUR FREE LAW STUDENT MEMBERSHIP

A. Introduction and Statement of Purpose

Thank you very much for applying for the 2024 Italian-American Lawyers Association – Los Angeles County (IALA) Law School Scholarship. IALA has annually awarded this scholarship since its founding in the 1970s, principally to advance Italian-American lawyers onto the bench. IALA fosters friendship and networking among law students, lawyers, and judges interested in Italian-American heritage and affairs, provides continuing education, and participates in civic and community activities to improve legal practice and ensure the proper administration of justice. This scholarship along with IALA’s outreach program to Italian-American and Italian law students is part of IALA’s mission to improve legal practice.

B. General Directions

This is important: Please *completely* read Part I of the Application, Information and Instructions, *before* completing Part II of the Application.

C. Activating your free law student membership.

Join IALA as a free law student member at <https://www.iala.info/join> and ask about joining our **Law School Committee!!** Our meetings are **fun and informative**; generally held the third Wednesday monthly at Casa Italiana at 1051 North Broadway in Los Angeles; a great way to **network with students, lawyers, and judges**; and feature **outstanding speakers and authentic Italian meals!!** Our annual events include *California Supreme Court Night*, held with the Chief and available Associate Justices, *Garlic and Gaelic Night*, held with the Irish American Bar Association, *Marco Polo Night*, held with Los Angeles-area Asian bar associations, and our *New York Italian Street Fair*. For current events information, go to www.iala.info and please join us!!!

Please also follow us on:



PART I.
INFORMATION AND INSTRUCTIONS

A. Eligibility Criteria. You must meet two eligibility criteria to apply.

A.1. During 2024, 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 (a) accredited by the American Bar Association, (b) accredited by the California Committee of Bar Examiners (CCBE), or (c) registered with the CCBE as an unaccredited law school.

A.2. If you graduate or complete all your credits for your program prior to July 1, 2024, you are ineligible unless you qualify under paragraph A.1 above in each month from September 2024 through and including December 2024.

A.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 unless the Committee determines in its discretion that (1) there are no qualified applicants or (2) to award one or more additional scholarships. 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

D.1. Answering Questions. Please answer all questions as completely as possible. Please note that some answer boxes in the Word version of this application will expand when typed in, but some will not. If the space to answer a question is insufficient, please continue on a separate sheet of paper.

D.2. Submission Format. This application is available in Word and non-interactive .pdf versions. You may prepare either version on a computer, typewriter, or in blue or black ink. (Although static, the .pdf version can be filled in using Adobe’s Fill & Sign tool or the Add Text tool in the Edit PDF menu.) If you prepare a Word version and if possible, please convert it to a .pdf format and submit the .pdf version. If you type or handwrite a paper application and if possible, please scan it to create a .pdf file and e-mail the .pdf version. Alternatively, you may submit the Word version or hard copy.

D.3. 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. of official or unofficial transcripts are acceptable. It is preferred that you provide these as e-mail attachments, but hard copies are acceptable. *If you provide transcripts not in English, please provide an English translation. If you provide transcripts from an school outside the United States, please provide an explanation of the grading system.*

D.4. Certification, Authorization, and Signatures. *You must sign and date (the certification at the end of the application and each authorization to release educational and employment information.* Digital or graphic signatures, e.g., using Adobe's Fill & Sign tool, are preferred. Also acceptable in decreasing order of preference are (a) .pdf scans of original signatures, (b) hard copies of original signatures, and (c) photographs of original signatures.

D.5. Deadline. Your application must be **RECEIVED** by the Committee by **11:59:59 p.m. Pacific Time on Monday, NOVEMBER 4, 2024**, 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.

D.6. Delivery Methods. You may use the following delivery methods.

a. E-Mail. The Committee prefers that you e-mail your application to iala-scholarship@outlook.com.

b. Mail. Alternatively, you may 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 (213) 618-6004.

You need use only *one* method of delivery.

D.7. 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.6 above. E-mail is the best way to contact the Committee.

PART II.
APPLICATION

SECTION A. Optional Marketing Question

Please advise how you heard about our scholarship? (Check one.) *[This question is optional and not part of the application process, and you may skip it and proceed to Section B if you wish.]*

1. Your law school’s scholarship web site.
2. Another of your law school’s web sites? Please indicate the site in row 7 below.
3. Word of mouth. Please identify the source in row 7 below.
4. IALA meeting. Please indicate which one in row 7 below.
5. IALA web site.
6. Other source. Please indicate the source in row 7 below.
7. ----

SECTION B. Personal and Contact Information

Instructions: Please provide the following personal and contact information.

B.1. Your Name

TITLE	FIRST / INDIVIDUAL	MIDDLE
LAST / FAMILY		SUFFIX

B.2. Your Birthdate, Age, and Birthplace

BIRTHDATE (MONTH, DAY, YEAR)	AGE	BIRTHPLACE

B.3. Please indicate the pronouns that refer to you or “None” if none are used.

	SUBJECT	OBJECT	POSSESSIVES	REFLEXIVE
EXAMPLES	She	Her	Her / Hers	Herself

B.4. Your Current Contact Information

STREET ADDRESS			APT. OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS	

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

B.5. Your Permanent Contact Information

Please provide your permanent contact information if and only if your permanent residence is different from the address in your current contact information in item B.4 above.

STREET ADDRESS			APT. OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

B.6. Backup or Secondary Contact Information

Please provide contact information for someone who will always know your current contact information.

TITLE	FIRST / INDIVIDUAL NAME	MIDDLE NAME	
LAST / FAMILY NAME		SUFFIX	
STREET ADDRESS		APT. OR UNIT	
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS	

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

SECTION C. First Application Factor: Academic Achievement

Instructions for Grade Point Averages: If any entry in a CUM G.P.A. (cumulative grade point average) 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 may be indicated as a percentage or an ordinal number.

C.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 attended immediately prior to entering a college or university, e.g., a lycée. Please list schools from oldest to newest by enrollment date. Attach additional sheets if necessary.

a. First School Attended

NAME:			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
DATES ATTENDED:			
	FROM MONTH / YEAR	TO MONTH / YEAR	MONTH / YEAR GRADUATED**
CUM. G.P.A.	SCALE	RANK	

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

**If you transferred to new school, please enter “Transferred” in this box.

b. Second School Attended

NAME:			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
DATES ATTENDED:			
	FROM MONTH / YEAR	TO MONTH / YEAR	MONTH / YEAR GRADUATED**
CUM. G.P.A.	SCALE	RANK	

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

**If you transferred to new school, please enter “Transferred” in this box.

C.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.3](#) in Part I above, Information and Instructions, and follow the directions for providing transcripts.

C.3. Post-Secondary Schools Other than Law Schools

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

i. First School Attended

NAME:				
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*	
DATES ATTENDED:				
FROM MONTH / YEAR		TO MONTH / YEAR		MONTH / YEAR GRADUATED**
MAJOR	MINOR	CUM. G.P.A.	SCALE	RANK
DEGREE		HONORS, E.G., CUM LAUDE		

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

**If you transferred to new school, please enter "Transferred" in this box.

ii. Second School Attended

NAME:				
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*	
DATES ATTENDED:				
FROM MONTH / YEAR		TO MONTH / YEAR		MONTH / YEAR GRADUATED**
MAJOR	MINOR	CUM. G.P.A.	SCALE	RANK
DEGREE		HONORS, E.G., CUM LAUDE		

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

**If you transferred to new school, please enter "Transferred" in this box.

iii. Third School Attended

NAME:				
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*	
DATES ATTENDED:				
FROM MONTH / YEAR	TO MONTH / YEAR	MONTH / YEAR GRADUATED**		
MAJOR	MINOR	CUM. G.P.A.	SCALE	RANK
DEGREE	HONORS, E.G., CUM LAUDE			

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.
**If you transferred to new school, please enter "Transferred" in this box.

b. Transcripts. For each school you provided in item C.3.a above or on any additional sheets, please attach a transcript. Please see paragraph [D.3](#) in Part I above, Information and Instructions, for further directions. If you cannot provide an official transcript, please explain why.

c. Extracurricular Activities. For each school you provided in item C.3.a above or on any additional sheets, please identify and describe any extracurricular activities you were involved in. (If your response does not fit here, please attach additional pages.)

Please continue on next page.

d. Scholarships and Fellowships. For each school you provided in item C.3.a above or on any additional sheets, please identify and describe any scholarships or fellowships received and state the name, awarding entity, dates, amounts, and other benefits. (If your response does not fit here, please attach additional pages.)

e. Honors, Awards, or Appointments. For each school you provided in item C.3.a above or on any additional sheets, please identify any academic honors, awards, or membership appointments received. (If your response does not fit here, please attach additional pages.)

Please continue on next page.

C.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: For each law school you transferred out of, please fill out the boxes labeled “*TRANSFER STUDENTS ONLY*[.]”

Post-J.D. Applicants: If you already have a J.D., L.L.M., S.J.D, or foreign equivalent degree from a law school, for that law school, 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 item C.4.a.i, “First Law School Attended,” for your J.D. program and fill out item C.4.a.ii, “Second Law School Attended,” for your post-J.D. program.

i. First Law School Attended

NAME:				
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*	
YEAR ENROLLED	CUM. GPA	SCALE	RANK	<i>TRANSFER STUDENTS ONLY:</i> MONTH/YEAR TRANSFERRED OUT
<i>POST-J.D. APPLICANTS ONLY:</i>		MONTH/YEAR GRADUATED	DEGREE	HONORS, E.G., CUM LAUDE

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

ii. Second Law School Attended

NAME:				
STREET ADDRESS				
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*	
YEAR ENROLLED	CUM. GPA	SCALE	RANK	<i>TRANSFER STUDENTS ONLY:</i> MONTH/YEAR TRANSFERRED OUT
<i>POST-J.D. APPLICANTS ONLY:</i>		MONTH/YEAR GRADUATED	DEGREE	HONORS, E.G., CUM LAUDE

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

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

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

A. Are you attending? FULL-TIME PART-TIME

B. Are your classes during the? DAY EVENING

C. Does your school use? SEMESTERS QUARTERS

ii. What is your current year in law school?

FIRST SECOND THIRD FOURTH FIFTH+

iii. How long is your program, i.e., how many years or months from enrollment to anticipated graduation?

iv. Anticipated Degree:

v. Anticipated Graduation Date:
MONTH YEAR

c. Transcripts. For each law school you provided in item C.4.a above, please attach a transcript. Please see paragraph [D.3](#) in Part I above, Information and Instructions, for further directions. If you cannot provide an official transcript, please explain why.

d. Extracurricular Activities. For each law school you provided in item C.4.a above or on any additional sheets, please identify and describe any extracurricular activities you are or have been involved in. (If your response does not fit here, please attach additional pages.)

e. Scholarships and Fellowships. For each law school you provided in item C.4.a above or on any additional sheets, please identify and describe any scholarships or fellowships received or to be received and state the name, awarding entity, dates, amounts, and other benefits. (If your response does not fit here, please attach additional pages.)

f. Honors, Awards, and Appointments. For each law school you provided in item C.4.a above or on any additional sheets, please identify any academic honors, awards, or memberships appointments received or to be received. (If your response does not fit here, please attach additional pages.)

C.5. Written Statement

Please see section F below.

Please continue on next page.

SECTION D. Second Application Factor: Financial Need

D.1. Household Expenses and Income

Instructions: Please use the following instructions to fill out Table 1 below for your expenses and income *for your 2024-2025 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.

iv. 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.

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

Please continue on next page.

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 the Expenses Total in row 12 in Table 1 above does not equal the Income Total in row 12 in Table 1 above, please explain why. (If your response does not fit here, please attach additional pages.)

D.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 above, 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 during the academic year), or your dependent.

ii. If they are a co-resident, you need not provide their address, if you provided the household address in paragraph B.4 above, indicating your current contact information, in which case, please enter “Same as my current address” in the STREET ADDRESS field.

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

--

RELATIONSHIP TO YOU

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

TITLE	FIRST / INDIVIDUAL NAME	MIDDLE NAME

LAST / FAMILY NAME	SUFFIX

STREET ADDRESS	APT. OR UNIT

CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*

PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

Please continue on next page.

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	
CONTRIBUTOR?			CO-RESIDENT?				DEPENDENT?			AGE		

<input type="text"/>	<input type="text"/>		<input type="text"/>
TITLE	FIRST / INDIVIDUAL NAME		MIDDLE NAME

<input type="text"/>		<input type="text"/>
LAST / FAMILY NAME		SUFFIX

<input type="text"/>		<input type="text"/>
STREET ADDRESS		APT. OR UNIT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*

<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

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	
CONTRIBUTOR?			CO-RESIDENT?				DEPENDENT?			AGE		

<input type="text"/>	<input type="text"/>		<input type="text"/>
TITLE	FIRST / INDIVIDUAL NAME		MIDDLE NAME

<input type="text"/>		<input type="text"/>
LAST / FAMILY NAME		SUFFIX

<input type="text"/>		<input type="text"/>
STREET ADDRESS		APT. OR UNIT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*

<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

Please continue on next page.

D.3. Support Programs

For you and each person indicated above in item D.2.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	ITEM ABOVE	PROGRAMS
YOU	N/A	
FIRST PERSON	D.2.b.i	
SECOND PERSON	D.2.b.ii	
THRD PERSON	D.2.b.iii	

D.4. Employment

Instructions: If currently employed, please provide the following information regarding your employment.

a. Your Employer.

NAME:			
STREET ADDRESS			SUITE OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	WEBSITE ADDRESS	

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

b. Your Immediate Supervisor.

TITLE	FIRST / INDIVIDUAL NAME	MIDDLE NAME
LAST / FAMILY NAME		SUFFIX
JOB TITLE		
PRIMARY PHONE	SECONDARY PHONE	E-MAIL ADDRESS

c. Your Employment.

i. Title:

ii. Average number of hours worked per week:

iii. Average gross monthly income: \$

iv. Duties or Job Description. (If your response does not fit here, please attach additional pages.)

D.5. 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. (If your response does not fit here, please attach additional pages.)

D.6. Written Statement

Please see section F below.

Please continue on next page.

SECTION E. Third Application Factor: Potential Contribution to the Los Angeles-Metropolitan Area Italian-American Community

E.1. Practice Location

Please tell us in what city, county, or other place you intend to practice law and why.

--

E.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 Italian: | fluently. | <input type="checkbox"/> | conversationally. | <input type="checkbox"/> |

E.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. Please attach additional sheets if necessary.

a. First Organization

NAME:			
STREET ADDRESS			SUITE OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	WEBSITE ADDRESS	
DATE JOINED:		DATE LEFT:	
Dates and titles of offices, positions, or committee memberships, offices, or positions:			

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

b. Second Organization

NAME:			
STREET ADDRESS			SUITE OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	WEBSITE ADDRESS	
DATE JOINED:		DATE LEFT:	
Dates and titles of offices, positions, or committee memberships, offices, or positions:			

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

c. Third Organization

NAME:			
STREET ADDRESS			SUITE OR UNIT
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.A.)*
PRIMARY PHONE	SECONDARY PHONE	WEBSITE ADDRESS	
DATE JOINED:		DATE LEFT:	
Dates and titles of offices, positions, or committee memberships, offices, or positions:			

*Indicate any provincial or other code in the STATE box and any postal code in the ZIP CODE box.

E.4. Written Statement

Please see section F below.

Please continue on next page.

SECTION F. Written Statements

Please answer the following two questions (1) using the boxes provided below, which will expand as you type in the Word version of this application, (2) on one or more separate sheets of paper, or (3) in one or more separate computer files. (All of these methods are equally acceptable.)

F.1. Question Number 1. Please answer only one of the following questions and *check the box to indicate which one of the three questions you are answering.*

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.

Please check this box if you are answering this question.

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.

Please check this box if you are answering this question.

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.

Please check this box if you are answering this question.

F.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.

Please continue on next page.

SECTION G. Certification and Signature

Instructions: You must sign the following certification to have your application considered. Please review and follow the directions in paragraph [D.4](#) in Part I above, Information and Instructions.

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

SIGNATURE DATE

SECTION H. Authorizations to Release Educational and Employment Information

Instructions: You must sign the following authorizations to have your application considered. Please review and follow the directions in paragraph [D.4](#) in Part I above, Information and Instructions.

AUTHORIZATION TO RELEASE EDUCATIONAL INFORMATION

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

SIGNATURE DATE

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

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

SIGNATURE DATE