

# SAN LUIS OBISPO COLLEGE OF LAW SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_ CLASS YEAR: 1 2 3 4  
(circle one)

ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ GENDER: M F WORK PHONE: \_\_\_\_\_  
(circle one)

MARITAL STATUS (CIRCLE ONE):      SINGLE      MARRIED      SEPARATED      DOMESTIC  
PARTNER

**DEPENDENTS:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER PEOPLE FOR WHOM YOU PROVIDE SUPPORT:**

Name	Amount	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CURRENT EMPLOYMENT:**

Employer	Hrs / Week	Length of Time with Employer
_____	_____	_____
_____	_____	_____

**NARRATIVE:**

Attach a narrative which discusses the scholarship(s) for which you believe you qualify, why you believe you are a good candidate for that scholarship, and any extraordinary family and personal needs that will support your application. If the information on your tax returns differs significantly from your current financial situation, or if you expect your financial picture to change, please also explain that in your statement.