

CAL NORTHERN SCHOOL OF LAW LEGAL OPPORTUNITY SCHOLARSHIP

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness a	and neatness ensure your application will be revie	Application postmark deadline June 15				
APPLICANT	Last Name	First	Middl	le Initial		
DATA	Permanent Home Mailing Address		Apt. #	#		
	City	State	Zip Co	ode		
	Telephone ()					
	Email Address					
	Please indicate your status. (For statistical purpose	s only)	■ Male	Female		
	Please select with which of the following you identi	fy:				
	African American/Black	Asian Am	Asian American/Pacific Islander			
	Hispanic/Latino	Native A	■ Native American/American Indian			
	Other:					
additional shee Your name, add	ne does not replace any part of this application. Its. Attachments must follow the same format. Describe your paid work experience during the past	O NOT repeat information of the included on all a	mation already reporte attachments.	ed on the application for		
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FINANCIAL	If you are independent, information	about you and your s	pouse (if applicable) should be pro	ovided. Adjusted gros	ss income and total			
DATA	federal income tax amounts should be from the most recently filed tax return.							
	If you are a dependent student, please have your parent/guardian complete this section.							
	■ I am an independent student. The data below represents my finances.							
	I am a dependent student. The date below represents my parents' finances.							
	State of Residence	·	7. Total Cash, Checking, Savin	ngs, and Cash Value of				
	2. Adjusted Gross Income (FORM 1040) \$		Stocks (exclude retirement pla	an funds, IRA, 401K)	\$			
	3. Total Federal Tax Paid (FORM 1040) \$		8. Total number of family me	mbers living in the				
	4. Total Income of Parent (Self)	\$	household and primarily supp	orted by the				
	5. Yearly Untaxed Income and Benefits:		reporting income.		#			
	Please indicate source -		9. Marital Status of parent, gu	uardian or self:				
	Social Security		Married	Divorced	Single			
	Child Support		Separated	Widowed				
	Other	\$	10. Of the total number of far	mily members on line 8,	number of			
	6. Medical and Dental Expenses not paid		students attending college at	least half-time during the	e next			
	h. i.a (a al al a)	¢	school year (include applicant	evolude narents)	#			
APPLICATION	A complete transcript of grades mus The applicant is responsible for subr will not be evaluated. This application	nitting all materials to	lication (unless already submitted	d with an Application t	plete applications			
APPLICATION	A complete transcript of grades must The applicant is responsible for submitted will not be evaluated. This application Student Application Personal Statement Complete transcript(s) of grades Copy of page one and two of 1040 in	nitting all materials to on becomes complete	Cal Northern's Scholarship Command valid only when all of the foll All materials, including tran CAL NORTHERN SCHOOL C LEGAL OPPORTUNITY SCH 1395 Ridgewood Drive, Ste	d with an Application of the continuous distribution of the co	plete applications been received:			
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