



WARD LAW GROUP
PLLC

Scholarship Application Form

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

D.O.B. / Age: _____ Education Level: _____

Do you still live with your parents? _____

How did you hear about the Ward Law Group scholarship? _____

Workplace Information:

Employer: _____ Position: _____

Address: _____ Phone Number: _____

Yearly Income: _____

Reference 1:

Name: _____ Relation: _____

Address: _____ Phone Number: _____

Email Address: _____

Scholarship Application,

Reference 2:

Name: _____ Relation: _____
Address: _____ Phone Number: _____
_____ Email Address: _____

Reference 3:

Name: _____ Relation: _____
Address: _____ Phone Number: _____
_____ Email Address: _____

Answer the following questions in essay format (up to 500 words for each question).

1. What are your educational goals?

Scholarship Application,

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2. How would this scholarship make a difference for you and why are you the most eligible candidate for this scholarship?