

APPLICATION FOR FUNDS FROM THE BYARD BRALEY SCHOLARSHIP

To be completed by the sponsoring attorney for consideration of scholarship funds. Please submit this application to the address below by July 15 if seeking funds for the Fall semester or November 15 if seeking funds for the second semester.

Counsel should feel free to provide any personal comments or attach documents in support of the application.

Name of Sponsoring Attorney: _____

Name of Client/Applicant: _____

Age of Client/Applicant: _____

Type of education sought: _____

Amount of scholarship assistance sought: _____

Hours of course work necessary to complete proposed educational program: _____

Purpose for which funding is sought (i.e. books, tuition, room and board, etc.): _____

Reasons why you believe the Applicant would benefit from the scholarship: _____

Please include any appropriate comments with respect to the applicant's current financial situation: _____

Nature of Injury: _____

Brief summary of medical care provided:

Signature of Applicant

Sponsoring Attorney