

Auto Accident Law Firm Survivor Scholarship

Scholarship Application Form

STUDENT INFORMATION

Name (Last, First, MI): _____

Are you a U.S. citizen or otherwise authorized to work in the United States? ___ Yes ___ No

Name and city of school you are attending or planning to attend:

Present mailing address (Street Apt. # City, State, Zip code)) : _____

Telephone #: _____

E-Mail _____

Essay Requirements: We would like you to write a one to three page essay about how an auto accident affected your life.

ACADEMIC INFORMATION

Schools	Address	Dates	Degree / Major	Date of Graduation

Current Major(s)? _____

Highlight honors or awards that you have received:

Is there any other relevant information you want us to consider when reviewing your application?

Please tell us how you learned about our scholarship program:

CERTIFICATION:

I hereby certify that the information I have provided on this Application Form and in any attached materials is true and complete.

Applicant Signature: _____

Date: ____/____/____

Return completed application and requisite materials by August 10, 2014:

This application and supporting material must be received by August 10th, 2014.

ATTENTION: Thomas Appel at Appel Law Firm, LLP100 Pringle Ave., Ste. 730 Walnut Creek, California 94596. Notification of the scholarship award decision will be made on or around August 15th, 2014.