

LATINA/O BAR ASSOCIATION OF WASHINGTON SCHOLARSHIP FOUNDATION
2017 SCHOLARSHIP APPLICATION

DECLARATION OF FINANCIAL NEED

Name of Applicant: _____

This Declaration of Financial Need is submitted in connection with my application for a Latina/o Bar Association of Washington Scholarship Foundation financial award. I understand the sole purpose of this Declaration of Financial Need is to provide LBAWSF with an accurate understanding of my financial condition and will remain confidential.

Gross monthly income: \$ _____

Available Assets

Total cash on hand: \$ _____

Total balance/deposits at financial institutions: \$ _____

Other: \$ _____

Monthly Expenses/ Debt Payments

Tuition amount paid out of pocket: \$ _____

Specify each expense:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$ _____	

Stipends, Scholarships, or Other Expected Contributions Towards Bar Expenses

Source: _____ \$ _____

Source: _____ \$ _____