Bar Exam Preparation Course

Scholarship Application

The University of Akron School of Law currently pays up to 90% of the tuition for a bar exam preparation course for each graduate, up to a maximum of $2,200. The funds are referred to as the Bar Fellowship Program. (Please note: This does not mean that we pay 90% of the total invoice for your bar preparation course. If 90% of the cost of your bar exam preparation course exceeds the maximum threshold of $2,200, then we will pay no more than the maximum $2,200 toward that cost through the Bar Fellowship Program.)

We also have additional limited scholarship funds available to support students who demonstrate significant financial need. Please use this form to apply for a scholarship to cover a portion of the difference between the Bar Fellowship reimbursement and the remainder of the tuition for your bar exam preparation course. Application for these funds does not guarantee receipt thereof.

**Please provide post-graduation contact information.**

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| First | M.I. | Last |  | University of Akron ID Number |
|  |  |  |
| Street Address  |  | University of Akron e-mail |
|  |  |  |
| Street Address  |  | Phone Number |
|  |  |  |
| City | State | Zip |  |  |

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| 1. Did you file a FAFSA for the 2013-2014 School year? |  |
| 2. Did you qualify for need based financial aid for the 2013-2014 school year? |  |
| 3. If your answer to the previous question was yes, how much? |  |
| 4. What was your gross income as reported to the IRS for the most recent tax year? |  |
| 5. What was your taxable income as reported to the IRS for the most recent tax year?  |  |
| 6. How many people, including yourself, does your income support (in whole or in part)? |  |
| 7. What is the amount of all other financial resources are available to you (e.g., child support, parental assistance, gifts, inheritance, trust funds, etc.). |  |
| Additional information may be requested if necessary. |  |

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| Please explain any additional factors which you feel we should be aware of in order to help us make a decision regarding your request (i.e. any temporary financial difficulties, family expenses, major illnesses, etc.). Please feel free to add an additional page: |
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| Name of Bar Preparation Course |  |  |
| Tuition (amount invoiced) | $ |  |
| Reimbursement **(leave blank**) | $ |  |
| Remainder owed by Student (**leave blank**) | $ |  |
| Scholarship awarded **(leave blank**) | $ |  |

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| I affirm that the information I have provided above is accurate and complete.  |
|  |  |  |
| Signature |  | Date |