



# 2017 D&I APPLICATION

Complete this application to apply for scholarships, stipends, and fellowships. Submit with a Personal Statement, an OSB Statement, and a resumé including community activities. Community activities can include membership and activities in student associations, community organizations, or any efforts which benefit others. There are separate applications for the Diversity Bar Examination Grants, the Judicial Mentorship Program, the LSAT Scholarship, and the OLIO Program.

NOTE: If you need more space to answer any of these questions, please attach a separate page at the end of the application.

Having read the Program Descriptions, I am interested in applying for the following:

- OSB Scholarship     Clerkship Stipend     Public Honors Fellowship + ( Rural Opportunity Fellowship)

Name		Birthdate	
Address		Phone (days)	
<input type="checkbox"/> Check here if new address. Effective date: _____		Phone (evening)	
Place of Birth	Years in U.S.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Language(s) [indicate proficiency in speaking, reading, writing]		E-mail Address	
Undergraduate School	Undergraduate Major	Graduate school and area of study	
Law School:	<input type="checkbox"/> Day <input type="checkbox"/> Eve	Start Year	Expected Graduation Date
Ethnic/Racial Identification: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Self-Identification: _____			
Disability: I have a disability (physical or mental) that substantially limits one or more major life activity: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian, Gay, Bisexual <input type="checkbox"/> Self-Identification: _____			
Gender Identify: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Self-Identification: _____			
Emergency Contact Information		Phone	
Address		E-mail	
Highest level of education for parent or primary caregiver (i.e., grandparent, etc.):			
Mother	Father	Other Primary Caregiver	
Occupation of parent or primary caregiver (i.e. grandparent, etc.):			
Mother	Father	Other Primary Caregiver	
Employment during college (indicate hours/week):			
Freshman	Sophomore	Junior	Senior
Current or Most Recent Employer:			
Employer Address			
Dates Employed		Work Phone	
References or Contacts (law related references preferred but not necessary):			
Name	Relationship	Phone	

## FINANCIAL ASSESSMENT RECORD (FAR)

State the amount of gross income from employment or operation of business that you have received for the last three full calendar years, beginning with the most recent:

Year	\$ Amount	Source or Occupation

State the amount of income from sources other than employment or operation of business for the last 3 years. If married or with a domestic partner (shared income and expenses), please include your spouse/partner's annual gross income and occupation.

Year	\$ Amount	Source or Occupation

Please describe how much you currently owe in student loans. (Use additional attachments if needed)

Date incurred	\$ Amount	School	Source (Fed/private etc.)	Currently making payments?

Do you own or have interest in a house or real property? What is the current market value?

Please list the amount of any alimony, maintenance, support and property settlement you *received* in the last 3 years.

Please list any alimony, maintenance, support and property settlement that you have been ordered to pay in the last 3 years.

Please list all other assets you hold personally, jointly, or are held for you by another and list their value. (e.g. IRA, Annuities, 401(k), stocks, bonds, trust funds, certificates of deposit, negotiable instruments, debts owed to you, etc.)

Please list your savings, checking and Certificates of Deposit that you hold jointly with your parents or any other parties.

Will you be receiving financial assistance from your family (parents, step parents, siblings, grandparents etc.) during law school? How will they be assisting you?

Please list any children or dependents living with you and their ages.

Please list any special circumstances of which the committee should be aware when reviewing this financial information.

**VEHICLES:**

<i>Vehicle #1</i>	Model	Year	Fair Market Value \$
Date of Loan	Amount of Loan \$	Current Balance \$	Monthly payment \$

Source of funds to make payment: (i.e. employment, student loans, parents, gift)

<i>Vehicle #2</i>	Model	Year	Fair Market Value \$
Date of Loan	Amount of Loan \$	Current Balance \$	Monthly payment \$

Source of funds to make payment: (i.e. employment, student loans, parents, gift)

**HOUSING**

Do you own or rent?	How long	Date of Loan	Fair Market Value
Lien holder:	Loan Amount	Current Balance	Monthly payment

**CURRENT FINANCIAL STATUS**

Assets	Amount	Source (employment, student loan, gift, grant)
Cash on Hand	\$	
Checking Account	\$	
Saving Account	\$	
Other (specify)	\$	

**MONTHLY EXPENSES/INCOME (MUST BE IN MONTHLY AND NOT ANNUAL AMOUNTS)**

A. Income/Month	Amount	B. Expenses/Month	Amount
Employment (Gross)	\$	Housing	\$
Spouse/Parent Income	\$	Utilities	\$
Student loan (Loan ÷ 12)	\$	Food	\$
Scholarships/Grants	\$	Transportation	\$
GI Benefits	\$	Childcare	\$
Parent (s)	\$	Medical	\$
Child Support	\$	Child Support or Daycare	\$
Alimony	\$	Alimony	\$
Other (Specify)	\$	Other (Specify)	
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Total Income "A" minus Total Expenses "B" = \$ \_\_\_\_\_

## CERTIFICATION

Please verify that you are submitting a complete application by checking the corresponding boxes. Incomplete applications will result in disqualification.

- Completed Diversity & Inclusion Application (all sections)
- Current Resumé (including community activities)
- Applicable Personal Statement (please label as Personal Statement, separate document from OSB Statement)\*
- OSB Statement (please label as OSB Statement, separate document from Personal Statement)\*

\* Please see D&I Program Information Handbook on website for Personal Statement & OSB Statement descriptions.

Please attest to the following statements with your initials:

For my own records and future reference, I acknowledge that I retained a copy of my submitted D&I application materials.

\_\_\_\_\_ I have dated each sheet in my application materials (including statements and attachments) with the submission date. If I update any document, I will mark such document with the new submission date.

\_\_\_\_\_ In reviewing applications, the Diversity & Inclusion Department of the Oregon State Bar will give preference to those applicants who intend to practice law in Oregon and who will help the Bar and Diversity & Inclusion Department achieve their mission. If circumstances are such that students receiving D&I resources and services do not become OSB members, the bar hopes to learn from the students' experiences. Therefore, the D&I may require an Exit Process which includes a written evaluation and/or phone interview with these students. If necessary, the D&I may need to obtain a forwarding address/phone number or permanent address/phone number from the respective law school. In the event of that need, *I authorize my law school to release my forwarding address/phone number and permanent address/phone number to the OSB Diversity & Inclusion Department.*

I certify that to the best of my knowledge the information contained in these application materials is complete and accurate.

I authorize the OSB Diversity & Inclusion Department to verify the information contained in these application materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Please return application by email or fax.** Fax to (503) 598-6938, or e-mail your completed application and attachments to [diversity@osbar.org](mailto:diversity@osbar.org). **Applications must be received by 5 p.m. on the stated deadline date for the program which you are applying.** For further information, call the OSB Diversity & Inclusion Department at (503) 431-6338 or toll free in Oregon (800) 452-8260, ext. 338.

***This application shall remain the property of the OSB Diversity & Inclusion Department whether approved, denied or withdrawn.***

Dec. 2017