

ABLA Gala Scholarship Application

Name of Applicant: _____

Please type all information **on both pages**. Return the completed form to president@austinblacklawyers.org.

Name: _____ Sex: _____ Age: _____ Ethnicity: _____
Last First

Address: _____ Phone: _____
City/State Zip

Name of Law School: _____ Law School GPA: _____

Graduation Year/Anticipated Graduation Year: _____ Graduated? (Y/N): _____

Mother	Father
_____ Name	_____ Name
_____ Home Phone	_____ Home Phone
_____ Address	_____ Address
_____ Occupation	_____ Occupation

Number of adults and children who are dependent on Applicant's financial support: _____

Number of children dependent on Applicant's financial support: _____ Ages: _____ , _____ , _____ , _____ , _____

Number of family members attending college: _____

Describe any existing conditions that are causing unusual financial expenditures for you or any dependents listed above.
Ex: illness, dental work, support of family by only one parent, etc. (Use additional pages if needed)

Are you the first person in your family to attend law school? (Y/N) _____

Will you be available to attend the ABLA Scholarship & Awards Gala on Saturday, December 13, 2025 at 6:30 PM? (Y/N) _____

Please check approximate annual gross income in the home before deductions. Include all sources of income **except** earnings of minors in part-time employment.

\$0 to \$15,000 <input type="checkbox"/>	\$45,001 to \$55,000 <input type="checkbox"/>	\$75,001 to \$85,000 <input type="checkbox"/>
\$15,001 to \$30,000 <input type="checkbox"/>	\$55,001 to \$65,000 <input type="checkbox"/>	\$85,001 to \$95,000 <input type="checkbox"/>
\$30,001 to \$45,000 <input type="checkbox"/>	\$65,001 to \$75,000 <input type="checkbox"/>	\$95,001 and above <input type="checkbox"/>

What are your career plans after law school? _____

Student's Employment Record:

Business	Type of Work	Approx. # Hours per Wk.	Dates Worked

Please list all requested information including the # of years involved. Please be specific. (You may add additional pages if needed.)

Scholastic Awards (Ex. Trustee, Honor Roll, History Award)**Number of Years**

Athletic Awards (Ex. Track Team, Volleyball Captain)

Other Extra-Curricular Activities, Awards, or Honors
(Ex. Band, Eagle Scout)

Hobbies, Talents, or Interests not listed above:
(Ex. Piano lessons, youth groups)

Please respond to **ONE** of the topics listed below. This is your chance to present your best self to the Scholarship Committee. Attach your **one page** response to your application.

1. My goals for my practice as an attorney and how I plan to achieve them.
2. A personal challenge which I had to overcome and how I overcame it.
3. Someone who has had a significant impact on my life and why/how.

I certify that all information on this application is correct:

Student's Signature

Date