APPLICATION FOR THE MADA L. LARMORE GRANT

IDENTIFYING NUMBER: _______ (To be assigned by Scholarship Chair)

NOTE: This form and attachments may be copied.

1. Current GPA: _______ (if applicable)
   (Must be 3.0 or higher.)

2. Attach to the application three (3) one-page letters of recommendation. If a high school senior or enrolled in an institution of higher education, at least one of the three letters must be from applicant’s teacher and/or a member of the school’s administration. All letters of recommendation must be from someone other than an AALS member or member of applicant’s family. The letters should be addressed to “AALS – the Association for Arkansas Legal Support Professionals” and reference the following:
   A. The applicant’s scholastic achievement, activities and leadership record.
   B. A description of applicant’s personal traits, character, personality, ambitions and home background.
   C. The applicant’s financial need.
   D. The relationship to applicant, such as employer, teacher, friend, pastor, etc.
   E. The letters MUST BE SIGNED.

DO NOT USE THE NAME OF THE APPLICANT, HE, SHE, THE NAME OF THE SCHOOL ATTENDED OR THE CITY IN WHICH THE APPLICANT LIVES.

3. Include with the application:
   • a one-page 8-1/2 x 11 unsigned autobiographical statement prepared (and preferably typed) by applicant showing date of birth, schools attended, employment, school activities (honors, clubs, choir, etc.), family background, hobbies and a statement of aims and goals for the future, including your anticipated field of study; and
   • a grade transcript showing GPA for the current year, if applicable.

4. Submit the application to your Sponsor by February 1.

Sponsor Name: __________________________________________
Sponsor Address: _________________________________________
______________________________________________________
______________________________________________________
PERSONAL INFORMATION

NAME: ____________________________
ADDRESS: __________________________ AGE: ____ PHONE: __________________________
CITY/STATE: __________________________ ZIP: __________________________
SCHOOL: __________________________
ADDRESS: __________________________
CITY/STATE: __________________________ ZIP: __________________________

DATE: _______ SIGNATURE OF APPLICANT: __________________________

The following information is to be filled in by Sponsor as applicable:

Sponsored by: __________________________ (name of chapter or member-at-large)
Local President: __________________________ (if chapter)
Address: __________________________
City: __________________________ Zip: ____________ Phone: __________________________
Local Scholarship Chair: __________________________ (if chapter)
Address: __________________________
City: __________________________ Zip: ____________ Phone: __________________________

Name of AALS family member and relationship: __________________________

State reason why it is necessary for your applicant to receive financial assistance:

________________________________________________________________________

________________________________________________________________________

State number of minor children (including applicant) in family and give ages:

________________________________________________________________________

________________________________________________________________________