

**CALIFORNIA INDIAN LAW ASSOCIATION
Scholarship Application/Financial Needs Analysis**

**SEE SCHOLARSHIP ANNOUNCEMENT FOR ELIGIBILITY REQUIREMENTS, ADDITIONAL
REQUIRED SUBMISSIONS, AND MAILING ADDRESS**

Student Name: _____ Social Security Number: _____

Address: _____ Tribe (please provide documentation): _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Law School: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Number: _____

Year: Incoming or First Year ____ Second Year ____ Third Year ____

Anticipated Graduation: Month/Year: _____ Date Class Begins: _____

Financial Aid Officer (FAO): _____

Mailing Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Period : _____ to _____

Tuition/Fees: _____ Room/Board: _____

Personal/Misc: _____ Books/Supplies: _____

Transportation: _____ Student/Family Contribution: _____

Total Need: _____

Financial Aid/Amount: _____

TOTAL UNMET NEED: _____

FAO Signature: _____ Date: _____

SCHOLARSHIPS ARE PROVIDED TO THE EXTENT FUNDING IS AVAILABLE