

# Atlanta Car Accident Lawyer Scholarship Application

1.	Last Name:	First Name:
2.	Mailing Address:	
	Street: _____	
	City:	State:                      ZIP:
3.	Daytime Telephone Number: (        )	
4.	Email Address:	
4.	Date of Birth: Month                      Day                      Year	
5.	Name of School Plus Branch Attending:	
6.	Expected Graduation Date:	
7.	How did you hear about our scholarship?	

## ACCURACY STATEMENT

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Additional information to submit with scholarship form:*

- A current resume which includes your volunteer history
- A copy of your current college/university transcript
- Your 500-1,000 word essay