



MACOMB BAR FOUNDATION

SCHOLARSHIP APPLICATION

This application must be completed by all students applying for scholarships awarded by the Macomb County Bar Foundation. The completed application and required supporting documents must be received by St. Patrick's Day. Questions concerning the application process can be emailed to RTroy@MacombBar.org

Please complete all entries. Attach separate pages if necessary.

Scholarship(s) Applying for: TRUSTEE LAW SCHOOL • PHILIP F. GRECO MEMORIAL • KIMBERLY M. CAHILL MEMORIAL

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: State: Zip: _____

Phone: _____

Email Address: _____

I understand that applying for a scholarship does not guarantee I will receive an award. I authorize the Macomb County Bar Foundation to discuss my application and/or academic credentials with representatives considering me for a scholarship. My signature also authorizes the Macomb County Bar Foundation to publicize my receipt of any scholarship as appropriate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ GPA: _____ Source/Date: _____ Letter Sent: _____ • Approved • Denied • Follow Up Date: _____	Comments: _____ _____ _____ _____ _____
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