

LLOYD ELLIS GRIFFIN MEMORIAL SCHOLARSHIP APPLICATION

FOR

CALIFORNIA WESTERN

SCHOOL OF LAW / San Diego

APPLICATION DUE BY:

NOON PST, TUESDAY, NOVEMBER 19, 2024

I NAME: _____ TEL. No.: _____ EMAIL: _____

II ADDRESS: _____
(LOCAL) STREET CITY AND STATE ZIP

III ADDRESS: _____
(PERMANENT) STREET CITY AND STATE ZIP

IV NAME OF SPOUSE: _____ AGE(S) OF CHILDREN: _____

V CLASS STANDING: _____ G.P.A. _____ YEAR LEVEL: _____

VI MASONIC AFFILIATION: _____

VII SCHOLARSHIPS AWARDED: _____

VIII INCOME:

A) LIST YOUR CURRENT SOURCES OF INCOME: _____

B) WHAT IS YOUR ESTIMATED GROSS INCOME FOR THIS CALENDAR YEAR? _____

IX CURRENT AMOUNT OF EDUCATIONAL INDEBTEDNESS: _____

X LIST ALL ACTIVITIES/HONORS YOU HAVE RECEIVED AT CALIFORNIA WESTERN SCHOOL OF LAW:

XI CAREER OBJECTIVES (SHORT-AND-LONG-TERM GOALS):

XII PLEASE EXPLAIN WHY YOU SHOULD BE AWARDED THIS SCHOLARSHIP:

XIII I HEREBY MAKE FORMAL APPLICATION FOR CONSIDERATION FOR THE LLOYD ELLIS GRIFFIN SCHOLARSHIP AWARD. I AUTHORIZE THE RELEASE OF INFORMATION CONCERNING MY GRADES, CLASS STANDING AND DIRECTORY INFORMATION TO THE OFFICIALS OF THE LLOYD ELLIS GRIFFIN SELECTION COMMITTEE FOR THEIR USE IN THE SCHOLARSHIP SELECTION AND AWARDS PROCESS.

APPLICANT'S SIGNATURE

DATE

**EMAIL COMPLETED APPLICATION TO FINAID@CWSL.EDU BY:
NOON PST, TUESDAY, NOVEMBER 19, 2024**