

Italian American Bar Association of Michigan

Student Scholarship Application

Name:	
Address:	
Telephone:	
Email:	
Law School Present	y Attending:
Date of Admission:	
Credit Hours Compl (NOTE: scholarship	eted: is only available to second and third year law school students)
Cumulative Grade P	oint Average:
FAMILY BACKGRO	UND IN THE FOLLOWING REGIONS/PROVINCES/CITIES OF ITALY:
Please Attach:	
	Your résuméA brief statement explaining why you feel you qualify as a possible recipient of this scholarship (Not to exceed one page)Law school transcript (Original student-issued copy acceptable)Optional – two letters of recommendation maximum
Dated:	Signature:
	Application must be received by: November 1, 2015

Send application and attachments to:

Paul Thursam

pthursam@gmhlaw.com