

Deadline: This application form and all other required documentation must be received by July 1, 2020 (5:00 p.m. Arizona time). E-mail to: scholarship@j davidsonlaw.com or fax to **480-336-2250**.

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. Please initial:

1. ____ * I confirm that I have been diagnosed with either Crohn's disease or Ulcerative Colitis by a gastroenterologist holding either an M.D. or D.O.
2. ____ * I live in the United States (includes Washington, DC, and Puerto Rico).
3. ____ * I will be attending a college, junior/community college, or law school in the United States in the fall of 2020.
4. ____ * I will enroll in at least one course covering criminal law, criminal justice or criminal procedure.

5. *Name:

a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?:

6. *Have you ever been awarded a scholarship for which eligibility required a diagnosis of inflammatory bowel disease?

___ Yes (Year: _____) or ___ No.

7. *Home address: The Scholarship Program is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

8. *Primary telephone: (_____) _____

9. Secondary telephone: (_____) _____ **Extension:** _____

10. E-mail: _____

11. *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

12. *What school do you currently attend?

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

*What is your current GPA?: _____

13. Required for high school students only—college admission composite test score(s). Attach photocopies of all score reports.

ACT _____ SAT _____

Other: _____

14. *What school will you attend in Fall of 2020? (If undecided at present, send the school's name, city, and state to us before July 21, 2020.)

14 a. Name: _____

City: _____ State: _____, or,

14 b. Undecided. Colleges under consideration are: _____

15. *Classification in fall semester 2020: _____
(freshman, sophomore, junior, senior, graduate, J.D. candidate)

16. *What degree(s) are you pursuing?:

17. *What profession or field of employment do you wish to enter with your degree?:

18. *Anticipated year of graduation: _____

19. List any other postsecondary institutions you have attended:

19a. Name: _____

City: _____ State: _____ Years: _____

19b. Name: _____

City: _____ State: _____ Years: _____

19c. Name: _____

City: _____ State: _____ Years: _____

20. *The Essay:

What does the scholarship grantor need to know about you in 1,000 words or less?

We will be especially interested in these points: your most notable qualities, your educational goals, and examples of your demonstrated leadership ability.

An optional statement of up to 500 words, to be uploaded, discussing how Inflammatory Bowel Disease has affected your education.

Attach your essay(s) to this form.

21. *Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of your knowledge.

Signed: _____ Date: _____