



P.O. BOX 2714
TAMPA, FLORIDA 33601
INFO@THBA.ORG

PERSONAL INFORMATION

FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: _____ GENDER: _____ LAW SCHOOL: _____

FAMILY INFORMATION

ARE YOU THE FIRST PERSON IN YOUR FAMILY TO ATTEND: COLLEGE? Y/N LAW SCHOOL? Y/N

FINANCIAL AID INFORMATION

TOTAL LAW SCHOOL TUITION FOR THE 2019-2020 ACADEMIC YEAR _____

TOTAL AMOUNT OF STUDENT LOANS RECEIVED OR TO BE RECEIVED FOR THE 2019-2020 ACADEMIC YEAR _____

TOTAL AMOUNT OF SCHOLARSHIPS, FROM ANY SOURCE, RECEIVED OR TO BE RECEIVED FOR THE 2019-2020 ACADEMIC YEAR AND SOURCE _____

TOTAL AMOUNT OF GRANTS, FROM ANY SOURCE, RECEIVED OR TO BE RECEIVED FOR THE 2019-2020 ACADEMIC YEAR AND SOURCE _____

CURRENT EMPLOYMENT (DESCRIBE NATURE OF WORK, POSITION, AND INCOME)

DO YOU HAVE CHILDREN OR OTHER DEPENDENTS YOU SUPPORT: Y/N How MANY? _____

PLEASE NOTE: IF THERE ARE UNUSUAL FINANCIAL CIRCUMSTANCES THAT YOU WISH TO MAKE THE THBA SCHOLARSHIP COMMITTEE AWARE OF PLEASE INCLUDE THAT INFORMATION IN YOUR ESSAY. **IN ADDITION, PLEASE REMEMBER TO SUBMIT THE FOUR (4) ITEMS IDENTIFIED ON THE FIRST PAGE OF THIS APPLICATION PACKET.**

CERTIFICATION OF APPLICANT

I, _____, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE

DATE