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NEED-BASED SCHOLARSHIP APPLICATION - 2023/24

STUDENT INFORMATION:	SSN (last 4 digits)
Prefix First Name	MI Last Name
Where should your scholarship notification be mailed	1?
Street Address	
City Stat	Zip Code
List all schools you have previously attended:	
Undergraduate and graduate schools attende	d Degree Earned Year Earned
FINANCIAL INFORMATION:	
Were you claimed by your parents as a tax depende	ent in 2022?
(a) If yes, how many dependents were claim	imed by your parents for the 2022 tax year?
What were the ages of the depende	nts claimed by your parents?
(b) If no, what was your 2022 taxable inco	ome?
Marital Status	Number of Dependent Children
Are you presently employed?) No
Employer	
Address	
Do you expect to be employed during the 2023/24	academic year? O Yes O No
If yes, how many hours per week?	Expected monthly salary?
Most recent full-time employment position:	
Dates of most recent full-time employment:	

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*If you need additional space for any of your responses on this application, please attach an addendum. Assets: List automobiles that you (or your spouse) own: Year Make Model Monthly Payment Do you drive a car registered to someone other than you or your spouse? (Yes O No Model Year Make List any interest you have in real property: Description Location Fair Market Value Monthly Payment List any savings accounts, stocks, bonds, money market funds, etc. that you own, or any trusts established for you: Description Value **Income:** List your <u>income</u> below: Net income from work 2022 2023* Spouse's net income 2022 2023* Family's assistance 2023* 2022 *Estimate 2023 figures assuming you will be enrolled as a student beginning in August 2023. List any other sources of income, such as VA benefits, child support received, Social Security benefits, income from trust funds, etc. and/or any other additional sources: Source Time Period Monthly Amount **Total Amount** Liabilities: List your liabilities below: Monthly Payment

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Childcare per month

Car payment per month

Amount	To Whom Owed	When Due
Other significant fi	nancial obligations:	
Description	Monthly Pay	vment
ΓHER:		
		ested by the questions in this application and
	nation that you believe would be helpful in	ested by the questions in this application and determining your eligibility for a School of
provide additional inform	nation that you believe would be helpful in	
provide additional inform	nation that you believe would be helpful in	
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provide additional inform	nation that you believe would be helpful in	
provide additional inform	nation that you believe would be helpful in	
provide additional inform Law need-based scholars	nation that you believe would be helpful in hip:	determining your eligibility for a School of
provide additional inform Law need-based scholars	nation that you believe would be helpful in hip:	
provide additional inform Law need-based scholars certify that the information	for the 2023/24 academic year is complete	determining your eligibility for a School of

Any applicant or student at the Charleston School of Law who submits false information or omits relevant information shall be subject to having any School of Law Scholarship rescinded. Scholarship recipients must be in good academic standing - a GPA of 2.0 or higher.

Return this form to:

Jacqueline B Bell Associate Dean of Admission and Financial Aid Office of Admission Charleston School of Law 385 Meeting Street Charleston SC 29403 **DEADLINE FOR APPLYING:** July 1, 2023

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