

JUSTINIAN FOUNDATION

**TO: ALL MEMBERS OF THE JUSTINIAN SOCIETY LAW
SCHOOL CHAPTER**

RE: SCHOLARSHIP TOWARD FINAL YEAR TUITION ONLY

The Justinian Society, founded in 1935 by and for attorneys of Italian ancestry in Philadelphia and the surrounding community, has established a Scholarship Foundation for the benefit of law school students who are members of the Justinian Society Chapter at their law school.

The scholarship will be awarded to a member of the Justinian Chapter at the law school, to help defray the cost of final year tuition. The scholarship will be in the amount of at least \$1,500.00 and will be paid directly to the law school.

In order to qualify for the scholarship, a recipient must:

- 1) be a member in good standing of the Justinian Chapter at the law school;
- 2) have Italian parents or grandparents;
- 3) have achieved excellence in academic studies;
- 4) have a record of service to their school and/or community;
- 5) be a person of the highest integrity who shows a sincere desire to be of service to his or her fellow human beings and has exhibited the potential to be a credit to the profession of law;
- 6) be a student preparing for graduation in Year 2018;
- 7) demonstrate financial need to complete final year.

If you are interested in applying for this scholarship which will be formally presented at a future Justinian Luncheon, please complete the enclosed application and **return to Barbara Capozzi, at capozzi.barbara@gmail.com**

For additional information, please contact Carl Primavera at (215) 569-1663

**DEADLINE FOR SUBMISSION OF APPLICATIONS IS
MAY 26, 2017**

**JUSTINIAN FOUNDATION
SCHOLARSHIP APPLICATION
FOR FINAL YEAR OF LAW SCHOOL**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (DAY) _____ (CELL) _____

EMAIL ADDRESS: _____

LAW SCHOOL _____

LAW SCHOOL G.P.A.: _____ (PLEASE ATTACH TRANSCRIPT)

ANTICIPATED GRADUATION-MONTH/YEAR _____

LSAT SCORE: _____ (PLEASE ATTACH VERIFICATION)

UNDERGRADUATE SCHOOL: _____

YEAR GRADUATED: _____

UNDERGRADUATE G.P.A.: _____

BIRTH DATE: _____ BIRTH PLACE: _____

PLEASE INDICATE WHICH OF YOUR PARENTS OR GRANDPARENTS ARE OF
ITALIAN DECENT: _____

PLEASE ATTACH TO THIS FORM, A STATEMENT WHICH:

- 1) INTRODUCES YOURSELF AND YOUR BACKGROUND
- 2) OUTLINES YOUR QUALIFICATIONS FOR THIS SCHOLARSHIP
- 3) DESCRIBES YOUR FINANCIAL NEED
- 4) DESCRIBES YOUR REASONS FOR WANTING TO PURSUE A LAW
CAREER
- 5) SETS FORTH YOUR RECORD OF SERVICE TO YOUR SCHOOL AND/OR
YOUR COMMUNITY

**EMAIL COMPLETED APPLICATION NO LATER THAN MAY
26, 2017 TO: BARBARA CAPOZZI, ESQUIRE, AT
capozzi.barbara@gmail.com**