External Scholarship Resource Guide

This list of outside scholarships is not under the auspices of the Villanova University Charles Widger School of Law, but it is provided to you as a guide in your research for obtaining other sources of aid. Please be advised that there are probably additional requirements for each scholarship and the award amounts, deadlines, etc. may change from what is posted below. If you have questions about these scholarships or if you need more information including how to apply, please contact each sponsor listed below directly. Remember that if you are awarded an outside scholarship, you are required to report it to the Office of Financial Aid.

Avoiding Financial Aid Scams: For additional information on outside scholarships, please visit the Department of Education’s Scholarship section of their website to help you in your search and to educate yourself on avoiding scams. To file a scam complaint or to receive free information on consumer issues, you can contact the Federal Trade Commission at 1-877-FTC-HELP (1-877-382-4357) or at www.ftc.gov/scholarshipscams.

According to the FTC, these are tell-tale signs of financial aid fraud: The scholarship is guaranteed or your money back, You can’t get this information anywhere else, I just need your credit card or bank account number to hold this scholarship, We’ll do all the work, The scholarship will cost some money, You’ve been selected by a “national foundation” to receive a scholarship or “You’re a finalist” in a contest you never entered.

Scholarship Forms

- The Raymond Joseph Harris Educational Fund ........................................................................................................................... PG. 4
- Alford Excellence Award Application........................................................................................................................................ PG. 7
- American Association for Justice - Mike Eidson Scholarship.................................................................................................. PG. 11
- William Goldman Foundation................................................................................................................................................ PG. 13
SCHOLARSHIP APPLICATION

BNY MELLON, N.A. TRUSTEE UNDER WILL
RAYMOND J. HARRIS, DEC'D

RAYMOND JOSEPH HARRIS EDUCATIONAL FUND
PHILADELPHIA, PA 19101-7899

Scholarships will be awarded to young men to obtain professional education either in medicine, law, engineering, dentistry or architecture.

This application should be completed and submitted to the Financial Aid Office of your school, which will forward it to the Trustee. All monies awarded are paid directly to schools for credit to the accounts of recipients. Each grant is for one year only and is renewable through the Financial Aid Office, if the recipient maintains the highest scholastic standard of which he is capable, maintains high standards of character and has financial need.

Each student receiving assistance from this Fund is hereby advised that Mr. Harris in his will made the following statement concerning persons receiving assistance as a result of his benefaction. "It is my wish that such persons as may be helped by the income from the estate may by voluntary contribution to my executors and trustees, increase the Fund hereby established in order that eventually there may be established a substantial Fund which will enable deserving young men to obtain a proper education for the professions which they may desire to enter".

I, ________________________________, hereby apply for assistance to the Raymond Joseph Harris Educational Fund. I have just entered into my __________ year at the ____________________________ and I authorize the school authorities to release my records and other information required for consideration of this application by the Trustee.

________________________________________
Student's Signature

Forms to complete this application
Transcript of grades from school
Copy of financial statement sent to school by student or parents
Letter of recommendation from school from one of student's teachers
APPLICATION FORM

PLEASE PRINT OR TYPE--ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME ____________________________  FIRST ____________________________  M.I. __________

LAST ____________________________

HOME ADDRESS ____________________________  COUNTY __________

NUMBER & STREET ____________________________

CITY ____________________________  STATE ____________________________  ZIP CODE ________

PHONE (______) ____________________________  BIRTH DATE ____________________________  SS # ______

SCHOOL ATTENDING: __________________________________________

INTENDED FIELD OF STUDY: ______________________________________

INFORMATION CONCERNING BROTHERS AND SISTERS

NAME ____________________________  AGE ______  OCCUPATION / SCHOOL ____________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

HIGH SCHOOLS ATTENDED

SCHOOL NAME __________________________________________

SCHOOL ADDRESS ________________________________________

GUIDANCE COUNSELOR ____________________________  GRADUATION DATE ________

COLLEGES ATTENDED

SCHOOL NAME ________________________________________

SCHOOL ADDRESS ________________________________________

FINANCIAL AID OFFICER ____________________________  GRADUATION DATE ________
EXTRACURRICULAR ACTIVITIES, SPORTS, HONORS, COMMUNITY ACTIVITIES, ELECTED OFFICES, ETC:


STUDENT BUDGET:

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>AMOUNT</th>
<th>EXPECTED SOURCES OF FUNDS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td></td>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Room Rent</td>
<td></td>
<td>Other Relatives</td>
<td></td>
</tr>
<tr>
<td>Board</td>
<td></td>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL</td>
<td></td>
<td>Student's own assets</td>
<td></td>
</tr>
<tr>
<td>Travel Expenses</td>
<td></td>
<td>Summer / Part-time work</td>
<td></td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
<td>Loans</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
<td>Social Security, V.A. Benefits</td>
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<td></td>
<td></td>
<td>Other</td>
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</tr>
</tbody>
</table>

TOTAL

PART TIME OR SUMMER WORK

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity in which employed</td>
<td># of hours / week</td>
<td>Average weekly earnings</td>
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<td>Capacity in which employed</td>
<td># of hours / week</td>
<td>Average weekly earnings</td>
</tr>
</tbody>
</table>

PLEASE PROVIDE A BRIEF STATEMENT OF YOUR CAREER OBJECTIVES ON A SEPARATE SHEET

SIGNATURE ____________________________ DATE ____________
2020 Alford Excellence Award

On May 27, 2020, the Multicultural Judges and Lawyers Section (“MJL Section”) of the Delaware State Bar Association will hold its annual Judge Haile L. Alford Memorial Breakfast. The event is held in honor of Haile L. Alford, the first African-American female judge in the State of Delaware. Judge Alford was appointed by Governor Mike Castle in 1992 and served on the bench until her untimely death in 2003 at the age of 54.

During the Alford Memorial Breakfast, the MJL Section will grant the 2020 Alford Excellence Award to at least three future practitioners who will sit for the July 2020 Delaware Bar Examination. The 2020 Alford Excellence Award will be in the amount of $3000.

APPLICATION INSTRUCTIONS

Application materials include: (1) the 2020 Alford Excellence Award Application, (2) a personal essay (1000 word limit) and (3) at least one, but no more than three, letters of recommendation.

Part I

2020 Alford Excellence Award Application: Applicants must submit the attached application to highlight their superior academic credentials, leadership qualities, commitment to community service, and intent to actively practice law in the State of Delaware. Applicants must complete all of the requested information in the application and include copies of their transcript (an unofficial copy is acceptable) and résumé. Applicants may also include copies of other relevant documents, such as awards, recognition certificates, etc.

Part II

Personal Essay: Applicants must submit a persuasive essay highlighting their demonstrated leadership abilities, commitment to community service, personal barriers that have been overcome and/or provides examples of academic achievements, awards and certificates, personal qualities and character. In addition, applicants MUST address why they desire to actively practice law in Delaware and/or their ties/commitment to the State of Delaware. As a reminder, this scholarship is intended to help supplement the costs of sitting for the Delaware Bar Exam.

Part III

Letter(s) of recommendation: Each applicant must submit at least one (1), but no more than three (3), letters of recommendation highlighting how the applicant meets any/all of the criteria mentioned above.
Part IV

Each scholarship recipient will be required to submit proof of a submitted application to sit for the 2020 Delaware Bar by May 14, 2020. Failure to do so will lead to forfeiture of the scholarship.

All application materials should be submitted via email by March 27, 2020 to:

The Alford Excellence Award Selection Committee
Attn: Emily Bryant-Álvarez, Esq.
Multicultural Judges and Lawyers Section
ebalvarez@mnat.com
2020 ALFORD EXCELLENCE AWARD APPLICATION

**APPLICANT INFORMATION**

Name: 
Address: 
Email: 
Date of Birth: 
Phone: 

**ACADEMIC CREDENTIALS**

Law School(s) Attended: 
G.P.A.: 
Class Rank: 
Honors/Awards: 

**COMMUNITY SERVICE**

(WITHIN THE LAST FIVE YEARS)

<table>
<thead>
<tr>
<th>Name or organization/service project:</th>
<th>Approx. Service Hours:</th>
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<tbody>
<tr>
<td>Contact Name and Title:</td>
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<tr>
<td>Contact Phone and Email:</td>
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<td>Nature of service:</td>
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**ADDITIONAL INFORMATION**
Mike Eidson Scholarship

The American Association for Justice (AAJ) promotes justice and fairness for injured persons, safeguards victims’ rights—particularly the right to trial by jury—and strengthens the civil justice system through education and disclosure of information critical to public health and safety. AAJ fights daily to protect the civil justice system against corporations and powerful individuals.

The Mike Eidson Scholarship Fund was established by the AAJ Women for Justice Education Fund in 2008, in honor of AAJ past President Mike Eidson, whose vision and generosity inspired it. The scholarship, traditionally in the amount of $5,000, is awarded annually to a rising 3L (or rising 4L in a night program) female student who has demonstrated a commitment to a career as a plaintiff lawyer or criminal defense lawyer and a dedication to upholding and defending the principles of the Constitution, and to the concept of a fair trial, the adversary system, and a just result for the injured, the accused, and those whose rights are jeopardized.

In order to be awarded this scholarship, you must be present at our Annual Convention on (July 11-14, 2020) in Washington, D.C. Your travel and accommodations will be paid for as part of the award.

If you would like to be considered for this scholarship, or wish to nominate someone for this scholarship, complete this form and return to AAJ by mail at: AAJ Membership Department, Mike Eidson Scholarship, 777 6th Street NW, Suite 200, Washington, DC 20001, or by email membership@justice.org by May 1, 2020.
1. Name: ____________________________________________

2. Contact Info
   Mailing Address (include an address where you can be reached during the summer): _______________________
   ______________________________________________________________________________________________

   Phone Number: _______________________ Email Address: _____________________________________________

3. Law School Name: ____________________________
   Graduation Date: _____________________________________________________________________________

4. Attach a brief letter explaining your interest in a career as a trial lawyer, and your dedication to upholding and defending the principles of the Constitution, and how you have demonstrated same.

5. Describe, if applicable, any challenges and/or hardships you have faced in your pursuit of a career as a trial lawyer
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

MERIT

6. List any awards or honors you have earned in law school.
   ______________________________________________________________________________________________

7. List your law school activities.
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

8. Attach a current resume.

CERTIFICATION

I hereby certify that the information contained herein is true and correct to the best of my knowledge. I understand that this information may be shared with scholarship donors during the scholarship selection process. I support AAJ’s mission, am dedicated to upholding and defending the principles of the Constitution of the U.S., and am committed to the concept of a fair trial, the adversary system, and a just result for the injured, the accused, and those whose rights are jeopardized.

Date: _____________________________  Signature: __________________________________________________________
WILLIAM GOLDMAN FOUNDATION

1. The William Goldman Foundation provides a partial scholarship program for graduate and/or medical students. Our requirements are:
   (1) Applicant must be in the top 1/3 of their class, (2) Must be a full time matriculating graduate student, (3) Must have a great financial need. (4) Student must have completed first year of graduate study. The Scholarship is awarded in various amounts toward tuition fees only.

   The applicant must attend graduate and/or medical school of one of the following institutions: Bryn Mawr College, Drexel University, Drexel University College of Medicine, Philadelphia College of Osteopathic Medicine, Temple University, Thomas Jefferson University and Medical College, University of Pennsylvania, or Villanova University.

4. Awards are made annually commencing with the fall semester. There are no mid-year awards.

5. Do not submit the application until you have completed your first year of graduate study at one of the above schools.

6. Applications must be filed no later than March 15, but additional information, such as transcripts and tax returns, may be supplied as late as April 30th.

7. NO APPLICATION, WHETHER A RENEWAL OR AN ORIGINAL APPLICATION WILL BE ACCEPTED AFTER THE MARCH 15TH DEADLINE.

8. If you meet our requirements, you will be requested, by mail, to appear for a personal interview. An interview will not be scheduled for any applicant unless a copy of the applicant’s Federal Income Tax Return, your parent’s Federal Income Tax Return, (even if the applicant is self-supporting) for the last calendar year, and a transcript of the final year of undergraduate, and the entire academic record of the graduate school have been submitted.

9. All financial and other information submitted in connection with this scholarship application is for the use of the Foundation only, and will be held in the strictest of confidence.

10. Evaluations will be based primarily upon academic performance, class standing, financial need, and potential future contribution to the Philadelphia community.

11. A new application must be submitted each year for renewal consideration. This renewal application must also be filed no later than March 15th., except for undergraduate transcripts and references, which need not be re-submitted.

12. Applications must be mailed no later than March 15th.

Send application to: WILLIAM GOLDMAN FOUNDATION
Radnor Station Bldg. #2
SUITE 104
290 King of Prussia Road
Radnor, PA 19087
TO BE FILED NO LATER THAN MARCH 15TH.

WILLIAM GOLDMAN FOUNDATION
SCHOLARSHIP APPLICATION

NAME

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

PLACE OF BIRTH

DATE OF BIRTH

TELEPHONE (___) SEX: M ______ F ______

PERMANENT ADDRESS, IF OTHER THAN ABOVE

CITY

STATE

ZIP

PHONE

LENGTH OF TIME AT PRESENT ADDRESS: If you have lived at your present address less than 3 years, give previous address:

Are you a U.S. citizen? Yes ______ No ______ Marital Status: Single ______ Married ______ Widowed ______ Divorced or Separated ______ Actual or anticipated date of marriage ______

PART A----TO BE COMPLETED BY APPLICANT

1. Name of Graduate School Attending

2. How long is the program? ______ 2nd Yr ______ 3rd Yr ______ 4th Yr ______ 5th Yr ______

3. Name of Financial Aid Officer

4. Name of Ultimate Degree Objective

5. Career Desired

6. Name Undergraduate School Attended ______

Rank at undergrad school ______ Cum Ave. ______

7. Were you on Honor Roll or Dean's List? ______

8. Your latest published college grade point average ______ Rank ______

9. Give the names and address of past principal employers, amount of total earned and position or work done. (Use reverse side for listings)

10. What contribution do you foresee making to the Philadelphia community?

11. Where do you plan to live during the academic year? At home ______ Dormitory ______ Other (please specify) ______

12. How much do you plan to borrow this year to meet your school expenses? School Loans ______ OTHER ______

13. Fill in your budget for the year of study for which you are requesting a Scholarship Grant.

INCOME AND RESOURCES OF APPLICANT (and Spouse)

Applicant's Summer Income

Summer Income of Spouse

Applicant's Academic Year Salaries and Wages

Academic Year Salaries or Wages of Spouse

Applicant's Total Social Security Benefits

Applicant's Total Veterans' Benefits

Total Aid from Parents or Family of Applicant

Applicant's Scholarships, Fellowships, Grants, etc.

All other Income (Dividend, annuity, interest income etc.) Specify and explain value of each asset on reverse side ______

TOTAL INCOME AND RESOURCES ______
EXPENSES OF APPLICANT (and Spouse)

Applicant’s Tuition
Applicant’s Books and Supplies
Direct educational expenses (Tuition Fees) of Spouse
Rent or Mortgage, including heat and utilities
Food and Household Supplies
Clothing, Laundry, Dry Cleaning etc.
Transportation Expenses
Medical and Dental
Child Care
Debt Repayment (Specify on Reverse side)
Other Expenses (Specify on Reverse side)

TOTAL ESTIMATED EXPENSES
Assets of Applicant (including assets of Spouse
Residence equity (Current market value less unpaid mort.
Other Real Estate Equity
Automobile MODEL YEAR
Bank accounts—savings and checking account balances
Interest in Trusts or Estates
All Other investments (stocks, bonds, etc.—List name
and Amount on Reverse Side)
TOTAL ASSETS

14. Have you applied for our scholarship before? YES NO
15. If yes, did you receive this scholarship? When?
and Amount

16. Have you ever applied for any other scholarships?
If so, when? Which scholarships?
Did you receive any of these scholarships? If yes, which
scholarships, when and amounts?

(Specify on the reverse side, if necessary)

17. Do you have any school loans? If so, how much?
List all undergraduate and graduate school loans on the reverse side.

18. Are you, or your spouse, now working? Salary

19. Did you or your spouse work last summer? Salary

20. Do you (or your spouse) have a job for this summer?
Where? Salary?

21. Do you have any dependents? If yes how many? Specify on reverse

22. Supply two personal references (not relatives) preferably one should be
a teacher who has known you well. References are to be sent directly to
the Scholarship Committee of the William Goldman Foundation by April 30

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>OCCUPATION</th>
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</tbody>
</table>

23. Name and Address of each School, College and University attended beyond
High School with dates of attendance and degrees, if any were received:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>FROM-TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Degree received

-2-

Major
24. Have you ever been convicted of a crime? Yes, explain on the reverse side.

REMEMBER YOU MUST SUBMIT TRANSCRIPTS OF YOUR ACADEMIC RECORDS, TWO REFERENCES LATEST INCOME TAX RETURNS FOR YOU AND YOUR FAMILY, FOR THE PRIOR CALENDAR YEAR, BEFORE YOUR APPLICATION WILL BE CONSIDERED FOR AN INTERVIEW AND A SCHOLARSHIP GRANT.

ALL QUESTIONS MUST BE ANSWERED. YOU MAY USE THE REVERSE SIDE IF NECESSARY.

I certify that the above information is correct and authorize the WILLIAM GOLDMAN FOUNDATION to investigate same.

__________________________
Signature of Applicant

RELEASE FORM FOR ACADEMIC RECORD

I, ____________________________, the undersigned, do hereby authorize the registrar or any other official of ____________________________ NAME OF SCHOOL to release any and all information pertaining to my academic record and financial and scholarship aids and/or awards, to the WILLIAM GOLDMAN FOUNDATION.

__________________________
Signature of applicant

- -
SOCIAL SECURITY NUMBER DATE

-3-
CONFIDENTIAL
FAMILY INFORMATION

PART B - TO BE COMPLETED BY PARENT(S) OR GUARDIAN
NOTE: MUST BE FILLED IN EVEN IF APPLICANT IS SELF-SUPPORTING

If both parents work, the financial questions should be answered by each.

ALL FINANCIAL AND OTHER INFORMATION SUBMITTED IN CONNECTION WITH A
SCHOLARSHIP APPLICATION IS FOR THE USE OF THE FOUNDATION ONLY AND WILL BE
HELD IN THE STRICTEST CONFIDENCE.

NAME OF APPLICANT:

1. Parental Status: Both in Home Divorced Separated Deceased

2. FATHER AGE MOTHER AGE
   Name of Parent
   Address
   Occupation
   Name of Employer
   Average Monthly Gross Salary
   Telephone

3. Other children living in Household:
   Name Relation Age Student or Salary or
   Occupation Tuition
   A.
   B.
   C.
   D.
   E.

Use reverse side for additional information, if necessary.

4. Attach copy of family income tax return, FOR THE LAST CALENDAR YEAR.
   If there was no tax return filed please send a statement explaining why.

5. Do you own or rent your home?
   If you own your home, state value, and any balance of mortgage

6. List all current bank accounts, including both savings and checking
   accounts and amount in each account

7. List and give the market value of all stocks, bonds, mutual funds,
   annuities, and tax free securities owned by family.

8. List all addresses of real estate owned by family, the value thereof,
   the mortgage balance, if any, and the name of mortgagee.

9. How much do you provide towards educational expenses for other children
   including tuition? List each child and amount provided.
10. How much do you plan to provide toward the Applicants expenses (including tuition)? for the academic year? ____________________________

I certify that the above information is correct and authorize the WILLIAM GOLDMAN FOUNDATION to investigate same.

____________________________________________________
Signature of Parent or Guardian

____________________________________________________
Signature of Parent or Guardian

ALL QUESTIONS MUST BE ANSWERED

CERTIFICATION FOR TAX INFORMATION:

I, _______________________, state that the income tax return _______________________
(print your name)
that I have submitted to the WILLIAM GOLDMAN FOUNDATION is a true and correct copy or facsimile of my tax return filed with the United States Internal Revenue Service.

____________________________________________________
Signature of Parent or Guardian*

____________________________________________________
Signature of Parent or Guardian*

* If two parties signed the tax return, then both signatures should appear on this form.

TO BE SENT TO: WILLIAM GOLDMAN FOUNDATION
Scholarship Committee
Radnor Station Bldg. #2
Suite 104
290 King of Prussia Road
Radnor, PA 19087
(610) 688-3455
CHECK LIST
DID YOU INCLUDE ALL OF THE FOLLOWING?

( ) Family Income Tax Return  *
( ) Personal & Spouse's Income Tax Return  *
( ) Did you answer all questions?
( ) Did your parents or guardians sign where necessary?
( ) Did you sign where necessary?
( ) Did you sign the certification of tax information and release form for academic records?
( ) Did you have references mailed directly to the Scholarship Committee of the William Goldman Foundation?
( ) Did you have official Transcripts sent to the Foundation for your last final year of undergraduate school and the entire records from Graduate School?

* If Tax returns were not filed or included with the scholarship application please send a statement explaining the reason.

All information to be sent to:

WILLIAM GOLDMAN FOUNDATION
Scholarship Committee
Radnor Station Bldg. #2
Suite 104
290 King of Prussia Road
Radnor, PA 19087
(610) 688-3455