SCHOLARSHIP REQUEST FORM

Office of International Graduate Law Programs
P.O. Box 248087, Coral Gables, FL  33124-8087

TELEPHONE: 305-284-5402; FAX: 305-284-5497; E-MAIL: intl-llm@law.miami.edu

Name of Applicant:_________________________________________________________________________________________

LAST NAME (FAMILY) FIRST NAME MIDDLE/BIRTH NAME

Current Address:________________________________________  Country:____________________________

City:_________________________________  State:___________________  Zip:________________________

Telephone:__________________________  E-Mail:________________________________________________

Country of Citizenship:___________________________  Date of Birth:________________________________

DAY/MONTH/YEAR

Please answer the following:

1. Are you a citizen or permanent resident of the United States?   YES      NO

2. Do you have a guarantor who is a permanent resident or citizen of the Untied States?   YES      NO

3. Do you intend on studying part-time or full-time?

4. Do you have scholarships, loans or personal funds to contribute towards a portion of tuition and your living expenses?   YES      NO   Explain:

5. Briefly describe the following: 1) your financial need; 2) your academic and professional distinctions; and your plans after graduation. (Attach another sheet if needed).