



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 United 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).