

Please return application and additional information to:  
Attention: Scholarship Committee  
Houston County Bar Association  
P. O. Box 7571  
Warner Robins, GA 31095-7571

## **Houston County Bar Association** **Scholarship Application**

(High school seniors who will be college freshmen in Fall 2021 and reside in Houston County)

DEADLINE FOR SUBMISSION IS **April 9, 2021** (MUST BE RECEIVED ON OR BEFORE 04/09/2021)

PLEASE INCLUDE FULL NAME ON ALL DOCUMENTS

- A. Completed application form with applicant's signature.  
B. Typed **essay** of between 250 and 500 words on the following topic:

The Theme for Law Day 2021 is:  
**"Advancing the Rule of Law, Now"**

*Advancing the Rule of Law, Now—reminds all of us that we the people share the responsibility to promote the rule of law, defend liberty, and pursue justice. Considering the division among our nation, and the various calls for reform, change, equity, access, and even unity, how could current events, or technologies of the future, continue to sustain and guide our nation through challenges and growth using the rule of law?*

- C. Current High School transcript with GPA – **The transcript should be an official document, signed by an authorized school official, verifying that the student is scheduled to graduate in May 2021.**

Scholarship funds will be presented at the Houston County Bar Association's Law Day celebration on Friday, April 30, 2021.

Name \_\_\_\_\_  
First Last M.I.

Home Address \_\_\_\_\_  
Street/box number City State ZIP County

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Name of high school \_\_\_\_\_

High School Phone( ) \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Email Address \_\_\_\_\_

Intended College Major \_\_\_\_\_ Possible Career Choice \_\_\_\_\_

Parents' names and address(es) (address required only if different from your own)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Number of household members (include applicant) \_\_\_\_\_

I HEREBY ATTEST to the accuracy of the information I have included in this application and give my permission for the use of my information in media releases, marketing agencies that can provide additional financial assistance information, and internal audits. I understand my full application may be reviewed by members of various selection committees.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE