

**ANNALEE WEBB MILLER SCHOLARSHIP APPLICATION
INDIANA UNIVERSITY SCHOOL OF LAW – INDIANAPOLIS**

I. Personal Information

Name: _____

Student ID #: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Cell: _____

Email: _____

Marital Status: _____

Age of Dependents, if any: _____

(Optional) Gender: _____

Race: _____

II. Education Information

High School Attended: _____

Graduation Yr: _____

GPA: _____

Address: _____

City: _____

State: _____

Zip: _____

High School Activities: _____

College Attended: _____

Graduation Yr: _____

GPA: _____

Address: _____

City: _____

State: _____

Zip: _____

Degree Received: _____

College Activities: _____

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Law School Enrolled:

Anticipated Graduation Date:

Anticipated Credit Hours (next two semesters):

Fall:

Spring:

Student Status:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Non Resident |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Day | <input type="checkbox"/> Evening |

Number of Hours Completed at Time of Application:

Current GPA in law school:

LSAT:

Current Activities & Organizations:

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Applicant’s Employment History – begin with your current or most recent position and list consecutively backward.

1. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

2. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

3. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

Spouse’s Employment History – begin with your current or most recent position and list consecutively backward.

1. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

2. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

3. Employment from: _____ to _____ Firm Name: _____
Type of Business: _____ Title: _____
Description of Duties: _____

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V. Please specify amount, if any, for fellowships or scholarships received, from any source during this current academic year and/or any University position currently held that generates pay, fee reduction, or stipend:

VI. Estimated Resources of applicant from May to May (include resources for spouse, if any):

	<u>Summer 3 Months</u>	<u>School Year 9 Months</u>
Applicant’s Earnings – include wages, salaries, tips, etc (before taxes & deductions):	\$ _____	\$ _____
Spouse’s Earning – include wages, salaries, tips, etc (before taxes & deductions):	\$ _____	\$ _____
Interest & Dividend Income:	\$ _____	\$ _____
Social Security Benefits:	\$ _____	\$ _____
Veteran’s Benefits:	\$ _____	\$ _____
Support from Applicant’s Parents, Relatives or Friends:	\$ _____	\$ _____
Support from Spouse’s Parents:	\$ _____	\$ _____
Loans and Other Aid Anticipated (Indicate Source):	\$ _____	\$ _____
Other Nontaxable Income (Indicate Source):	\$ _____	\$ _____
Total:	\$ _____	\$ _____
Total Estimated Resources:	\$ _____	

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What are your academic and/or career goals?

Please list Bar, career, community or law school activities in which you have participated. (denote positions held.):

List other forms (if any) of financial aid for which you have applied for Bar Review fee assistance and status of application:

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS ACCURATE AND COMPLETE:

Applicant Signature:

Date:

Mail completed applications no later than November 15th to the following:

Miller Scholarship Trust
c/o Mr. George A. Buskirk, Trustee
2150 South 950 East
Zionsville, IN 46077

Email applications or questions to:

apply@millerlawscholarship.com