THE JAMES W. STOUDT MEMORIAL SCHOLARSHIP

hereby apply to the James W. Stoud	campus. I am a Pennsylvania resident. I t Memorial Scholarship for theacademic y
I am a resident of I	Pennsylvania
I have demonstrate	ed outstanding legal aptitude and scholarship
I have demonstrate	ed financial need
You may (but are not required to) attach letters of recommendation to your application. Place Include your resume. Please DO NOT attach a writing sample.	
	erials MUST be submitted to the Office of Development e Dean of Students Office in Harrisburg on or before
Name:	
Address:	Daytime Phone: _
Address: County: Please attach an additional page to e	Daytime Phone:explain in detail why the committee should select you as
Address: County: Please attach an additional page to e	Daytime Phone:explain in detail why the committee should select you as a criteria. (Use no more than 1 additional page if neces