

**APPLICATION FOR
ILLINOIS JUDGES FOUNDATION
HAROLD SULLIVAN SCHOLARSHIP
2015**

BACKGROUND

The Illinois Judges Foundation will award the Harold Sullivan Scholarship to one or more students attending an Illinois law school. The scholarship(s) will range from \$1,000 to \$5,000. Please check with your law school to determine if it will supply matching funds because the total scholarship value will be greater where that is the case.

To be eligible, the applicant must meet the following criteria:

- Graduated from an Illinois high school;
- Does not have a family member who is a judge;
- Currently is a first or second year law student at an Illinois law school;
- Has community service or pro bono experience;
- Has financial need.

Applications for the Harold Sullivan Scholarship must be postmarked by April 15, 2015. They must be mailed to: Illinois Judges Foundation, 321 South Plymouth Court, Chicago, Illinois 60604. No emails can be accepted. The scholarship(s) will be awarded in the Summer of 2015.

GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

LOCAL PHONE NUMBER: _____

ACADEMIC INFORMATION

_____ 1ST YEAR LAW STUDENT _____ 2ND YEAR LAW STUDENT

LAW SCHOOL _____

SCHOLARSHIP SPECIFIC INFORMATION

Identify the Illinois High School from which you graduated: _____

Identify any college or university from which you graduated, the year, and the degree received:

Do you have a family member who is currently a judge? _____ YES _____ NO

On a separate sheet of paper, please describe any community service or pro bono work you have done. (Please attach to this application.)

On a separate sheet of paper, please explain your financial need. (Please attach to this application.)

In 750-1000 words, please discuss various challenges to judicial independence, the effects thereof, and possible ways to address these issues. (Please provide in typed, double-spaced, 12 point font, with one inch margins, and attach to this application.)

CERTIFICATION

I do hereby swear that the information contained herein is, to the best of my knowledge, true and accurate.

I am fully aware that any intentional falsification of information contained herein may result in the denial of the application or loss of any aid received.

I realize that this award may be revoked if I fail to meet the designated qualifications.

I understand that I must continue to meet the designated qualifications.

Signature of Applicant: _____

Print Name: _____

Date: _____

