

## **INSTRUCTIONS FOR THE 2005 VICTOR M. ESPINAL SCHOLARSHIP APPLICATION**

The Dominican Bar Association offers the Victor M. Espinal Scholarship Award, in the amount of \$1000.00 to one individual each year in fulfillment of one of its primary objectives, which is to assist individuals trained and licensed in the Dominican Republic as well as those trained and licensed in other countries outside the United States, in meeting the requirements for the practice of law in the United States.

The DBA will present the scholarship to an individual that demonstrates the following:

- Proof of education from a law school outside the U.S. and proof that the applicant is licensed and in good standing in that jurisdiction,
- a completed application to take the bar exam of a state in the United States, and
- financial need.

Please read the application instructions thoroughly before completing and sending in your materials.

All applications must be completed and received by the Dominican Bar Association, December 22, 2005, at:

Dominican Bar Association  
Law School Scholarship Program  
P.O. Box 203  
New York, NY 10013

**FAXED OR ELECTRONICALLY TRANSMITTED MATERIALS WILL NOT BE ACCEPTED. INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED.**

A completed application must include the following items:

1. A completed and signed DBA scholarship application form;
2. Proof of education from a law school outside the U.S. and proof that you are licensed and in good standing in that jurisdiction;
3. Current resume (including educational background);
4. Cover letter describing your professional objectives and your plans to take the bar exam; and
5. Completed information on financial need.

**NOTE:** Please answer each question completely and accurately. Where necessary, use additional pages to complete your answers, noting on such pages the number of the question to which you are responding. If a question is not applicable, indicate this by writing "N/A" in the blank.

**APPLICATION FOR THE 2005 VICTOR M. ESPINAL SCHOLARSHIP**

I. Personal Information:

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Last name                      First                      Middle                      Maiden                      Date of Birth

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Current address                      City   State                      Zip                      Telephone #

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Permanent address                      City   State                      Zip                      Telephone #

Please indicate where you would like your award notification sent to you:

\_\_\_\_\_ Current address                      \_\_\_\_\_ Permanent address

\_\_\_\_\_ Other (Provide address below)

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Annual Income: \$ \_\_\_\_\_

Ethnicity/Nationality:

\_\_\_\_\_ Dominican                      \_\_\_\_\_ Cuban

\_\_\_\_\_ Puerto Rican                      \_\_\_\_\_ Columbian

\_\_\_\_\_ Mexican                      \_\_\_\_\_ Other \_\_\_\_\_

II. BAR EXAMINATION

State in which you will take the bar exam and apply for admission: \_\_\_\_\_

Date of examination: \_\_\_\_\_ (Month/Day/Year)

Are you taking any courses to prepare for the examination? \_\_\_\_\_

If so, which one(s)? \_\_\_\_\_

III. ASSETS

Please list all assets you (and your spouse) have at the current time. Treat property owned jointly with your spouse as yours. Explain fully on a separate page the source of any other substantial assets.

A. Estimated cash on hand and other investments (include all cash on hand irrespective of whether it is in the form of loans savings or checking accounts; for stocks, bonds and mutual funds, please estimate the current market value)

\_\_\_\_\_

B. Real estate; Amount in equity. (fair market value (minus mortgage) = Value or equity)\_\_\_\_\_

C. Other assets (describe) \_\_\_\_\_

D. Total sum of III A, B, & C \_\_\_\_\_

IV. DEBTS

List all your (and your spouse's) outstanding debts (other than those already shown, e.g. real estate mortgage). Please use additional pages if necessary.

A. Education-related debts: (Government Or Private/ Term Of Loan (Years) /Amount Of Debts/ Amount Of Spouse's Debts)

Total debt: \_\_\_\_\_

B. Other debts:

Total debt: \_\_\_\_\_

V. Do you support, either fully or in part, anyone other than yourself? If yes, give the name address, age and relationship and a brief description of the nature of the support.

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VI. Additional Information: Please discuss any other facts or circumstances ( financial or otherwise ) relating to this application that you think DBA should be aware of, or that you think might be useful to your application (please use additional pages if necessary).

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VII. Confidentiality: All information contained in and submitted with this application will be treated by the DBA and its scholarship committee as confidential, except to the extent necessary to verify information. The confidentiality provision may be waived by the applicant. Waiver or non-waiver is irrelevant to determining scholarship awards.

In view of the foregoing, I hereby consent and agree that the information, pertinent to this application may be used by DBA for the purpose of soliciting funding for the Scholarship Program.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

VIII. Signature: I understand that the DBA Scholarship Program will rely on the information contained in this application. The above statements are true and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_