



The  
**Barristers' Association  
of Philadelphia, Inc.**  
An Affiliate of the National Bar Association

BARRISTERS' ASSOCIATION OF PHILADELPHIA, INC.  
Brandi Brice Memorial Scholarship Application

NAME \_\_\_\_\_  
[First] [Middle Initial] [Last]

LAW SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
[Street]

\_\_\_\_\_  
[City/Town] [State] [Zip Code]

PERMANENT ADDRESS \_\_\_\_\_  
[Street]

\_\_\_\_\_  
[City/Town] [State] [Zip Code]

FULL TIME \_\_\_\_\_  
1ST YEAR 2ND YEAR 3RD YEAR

PART TIME \_\_\_\_\_  
1ST YEAR 2ND YEAR 3RD YEAR 4TH YEAR

ARE YOU CURRENTLY RECEIVING FINANCIAL AID? \_\_\_\_\_  
YES NO

SOURCE OF FINANCIAL AID \_\_\_\_\_  
Grants YES NO If yes, please state the amount

Loans YES NO

Other \_\_\_\_\_

ON A SEPARATE SHEET OF PAPER, PLEASE ADDRESS EACH OF THE FOLLOWING IN THE FORM OF AN ESSAY:

1. What are the obstacle(s) and medical challenges you have faced, how did you overcome, and what effect have the challenge(s) had on your life?
2. What are your professional goals upon graduation and 5 years thereafter? Please be as specific as possible.

THIS APPLICATION AND ACCOMPANYING DOCUMENTATION MUST BE SUBMITTED IN ONE PDF VIA EMAIL TO [barristers scholarship@gmail.com](mailto:barristers scholarship@gmail.com) BY OR ON **MARCH 15, 2019**.