



UCLI 2020 LSAT Diversity and Inclusion Scholarship Application Form

Full Name: _____

Street Address: _____

E-mail: _____

I agree to be contacted by participating LSAT review course companies regarding additional discounts and promotions (Optional).

City: _____ State: _____ Zip Code: _____

University: _____

Diversity Organization(s): _____

Have you registered or are you committed to registering for an LSAT exam in 2020?
YES NO

Are you receiving all or part of your LSAT-related expenses from an employer or educational institution?
YES NO

I have enrolled I intend to enroll in: _____ LSAT Review Course

Please Include the following attachment:

- 1-2 page, single-spaced essay describing your future plans to advance the goals of equity and inclusion in Utah’s legal profession and your past/current service to Utah’s diverse communities;
- Brief statement of financial need (1-2 paragraphs) describing your financial situation, employment plans, and any other sources of funding or discounts you may be receiving related to your LSAT exam study; and
- Resume (one page).

Certification

By submitting my application for consideration, I certify that all information provided is complete and accurate to the best of my knowledge. I hereby give the Utah Center for Legal Inclusion (UCLI) and Utah Bar Foundation permission to use this information or my photograph for purposes of this scholarship, including sharing my information with the participating LSAT review course companies and sponsors. Should I receive a financial award from this scholarship, I represent that I will request reimbursement only for qualified LSAT-related expenses. I understand that, by receiving a financial award, I am eligible to request reimbursement for an amount up to and not to exceed the amount of my financial award and any unused award funds will revert to UCLI. Further, any award check received must be cashed or deposited within 90 days or the award funds will revert to the sender. If, after I receive a financial award, I receive all or part of my LSAT-related expenses from my employer, I understand that I shall be responsible to repay any dispersed award funds to UCLI within 30 days of receiving payment or reimbursement from my employer; any undispersed award funds will be cancelled. I also understand that I must notify UCLI of any changes in the status of my enrollment, LSAT exam application, or financial situation, which may result in the cancellation of any undispersed award funds. Any discounts provided by the participating LSAT review course companies are provided at the sole discretion of the respective companies. By signing this application, I hereby certify that I have read the application information and instructions and that I understand and accept all conditions specified.

Printed Name: _____ Signature: _____

**Please send your application and attachments to ucli@utahcli.org
Applications are due on Friday, August 7.**