

Monroe County Bar Foundation  
2024-2025 Scholarship Application  
**Complete in its entirety**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of High School attended \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Guidance Counselor Email \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT or PSAT Score: Math \_\_\_\_\_ Verbal \_\_\_\_\_

Scholarships are awarded to high school seniors who plan to pursue careers in law related fields. Please indicate your intended major:

\_\_\_\_\_ Government    \_\_\_\_\_ Paralegal Studies    \_\_\_\_\_ Public Interest Law  
\_\_\_\_\_ Law    \_\_\_\_\_ Law Enforcement    \_\_\_\_\_ Other (specify) \_\_\_\_\_

College or University you plan to attend (if known) \_\_\_\_\_  
(Attach a copy of acceptance letter, if available)

Please provide a short paragraph on why you wish to pursue a career in a law related field. **Include a separate sheet of paper, if needed.**

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Are you employed? \_\_\_\_ Yes \_\_\_\_ No If yes, how many hours per week? \_\_\_\_\_

Employer Name \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

List and describe community service activities. **Include a separate sheet of paper, if needed.**

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List School Activities, Leadership Positions and Honor Societies. Please indicate the grade the activities occurred (9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade). **Please use a separate sheet of paper, if needed.**

School Activities, Leadership Positions and Honors	Grade

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Along with the completed application:

1. Please submit an official transcript of your grades from your high school.
2. Provide a one page letter of recommendation from your Guidance Counselor or Principal in support of your application. Additional, brief letters of support from other members of the faculty or administration may also be included.

I verify the information provided is correct and that my signature authorizes release of my name for public announcement should I receive a scholarship.

\_\_\_\_\_  
Signature Date\_\_\_\_\_

**All fully completed applications must be delivered or post marked to:**

William J. Reaser, Esquire  
Monroe County Bar Foundation  
913 Main Street  
Stroudsburg, PA 18360  
[lori@monroebar.org](mailto:lori@monroebar.org)

**No later than Friday, March 28, 2025**