



ALLEGHENY COUNTY BAR FOUNDATION
LOANS AND SCHOLARSHIP COMMITTEE

PLEASE COMPLETE THIS PAGE AND SUBMIT TO THE DEAN OR AUTHORIZED REPRESENTATIVE FOR VERIFICATION. UPON VERIFICATION, DEAN'S OFFICE MUST RETURN THE COMPLETED FORM TO THE ALLEGHENY COUNTY BAR FOUNDATION.

Application of _____ Date _____

To: Dean (or authorized representative) of _____ Law School

In connection with my Loans and Scholarships application to the Allegheny County Bar Foundation for a loan or scholarship to assist in my law school education for the year 2027-2028, I have represented to them:

(Check appropriate spaces)

1. I will be enrolled as a _____ year student in _____ Law School and am in good standing.

I have been accepted for admission to _____ Law School and will attend beginning in _____ of 20_____.

2. I have applied for financial aid from the Law School.

The financial aid has been awarded.

The financial aid has NOT been awarded

The amount applied for the 2027-2028 academic year is \$_____.

The amount received for the 2027-2028 academic year is \$_____.

3. I have applied for and/or have received other financial aid for the upcoming academic year as follows:

I authorize you to verify the above information directly to the Loans & Scholarship Committee of the Allegheny County Bar Foundation by completing the next page of this application, and to furnish them such other information about my financial needs and academic standing as they may request.

Very truly yours,

 Signature of Applicant

 Type or print name



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Application of _____

Re: Allegheny County Bar Foundation Loans & Scholarship Application

I hereby certify that the above applicant:

- is currently enrolled and in good standing in the _____ year at this law school
- has been accepted for admission to this law school and is expected to enroll on _____, 20____.

The financial aid information indicated by the applicant:

- is in accordance with our records.
- is **NOT** in accordance with our records.

Additional information _____

To the best of my knowledge, I attest that the above-stated information is true and I recommend the above-named applicant for financial assistance.	
_____ Signature	
_____ Title	_____ Date

Please submit this form by Friday, April 16, 2027 to:

Stephanie Selya
Programs & Projects Manager
Allegheny County Bar Foundation
436 Seventh Avenue
Suite 400
Pittsburgh, PA 15219

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