

MEDINA COUNTY BAR ASSOCIATION  
LAW DAY 2024 SCHOLARSHIP APPLICATION



Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

College/University/Other Post Secondary Educational Institution attending in Fall of 2024 if known:

\_\_\_\_\_

Major or area of study, if known: \_\_\_\_\_