## SULLIVAN COUNTY BAR ASSOCIATION IRA JAY COHEN SCHOLARSHIP APPLICATION

The Sullivan County Bar Association established the Ira Jay Cohen Scholarship in 2016 to honor the memory of Ira Jay Cohen, a life-long resident of Sullivan County and member of the Bar Association. Mr. Cohen enjoyed a long and illustrious career as both private attorney and public servant, having served as Sullivan County Public Defender (1972-1975), Sullivan County Attorney (1996-2004) and Sullivan County Treasurer (2006 - 2014).

The Scholarship will be awarded in June 2024 to two (2) local high school students expected to graduate in June 2024 who will be attending college in the Fall of 2023 with an anticipated career in public service or law. The amount of each scholarship will be \$750.00.

To apply for the Ira Jay Cohen Scholarship, please provide us with the following information and submit your completed application <u>no later than May 1, 2024</u> to: SCBA, Attn: Scholarship Committee, P.O. Box 424, Monticello, NY 12701. The applications may also be submitted via email to <u>SullivanCountyBarNY@gmail.com</u>.

## **Personal Background Information**

- Name, full address, phone number, email address, date of birth;
- Personal statement (500-1000 words) introducing us to who you are, what you enjoy and why you are considering a career in public service or law.

## **Academic Information**

- Name of high school; GPA; class rank; AP and honors courses; expected graduation date; (A copy of your transcript or resumé with this information will suffice);
- Name and location of college you will attend in the Fall of 2022, if known, or the names and locations of schools you are considering;
- Your intended academic major or area of study, if known.

## **Miscellaneous Information**

- Extracurricular activities (both in and out of school);
- Community activities (volunteer, community or public service);

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• Awards, honors and /or scholarships received.

(A copy of your resumé with this information will suffice).

**PLEASE SIGN AND DATE THIS APPLICATION COVER PAGE.	
Signature of Applicant	Date
Name of Applicant (Printed)	