



**2015-2016 San Diego County High School Mock Trial Competition  
Application for Scholarship toward Registration Fee (\$375)**

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

Teacher-Sponsor: \_\_\_\_\_

Teacher-Sponsor's Tel. #: (     ) \_\_\_\_\_ Email Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Contact person if different from Teacher-Sponsor:

Name: \_\_\_\_\_ Tel. #: (     ) \_\_\_\_\_

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

Fax Tel. #: (     ) \_\_\_\_\_

Is your team an after school club or a school class?: \_\_\_\_\_

If you already have an attorney coach(es) who currently works with your school and/or your students, please provide their name and contact information below.

Attorney Coach(es) Name: \_\_\_\_\_

Tel. # (     ) \_\_\_\_\_

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

Please list facts justifying hardship to qualify the school for this scholarship (such as lack of sponsorship/resources, Title I designated, % of students eligible for free lunch).

\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe school's goals in entering this Competition and how you will approach this Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To submit application please complete the fillable form, save and either e-mail, fax or mail to the County Coordinator (school liaison) Michelle Chavez, San Diego County Bar Association, 401 West A Street, Suite 1100, San Diego, CA 92101, [mchavez@sdcba.org](mailto:mchavez@sdcba.org) or fax to 619-696-3987.**