

# Financial Hardship Policy & Application Form



## POLICY

The Brooklyn Bar Association has adopted the following policy to assist those who wish to participate in CLE courses but who would otherwise be unable to do so because of cost considerations:

1. In cases where payment of the applicable fee would constitute a financial hardship to the prospective participant, application may be made to the Brooklyn Bar Association's CLE Director for a Fee Reduction OR a Fee Waiver.
2. All Fee Reduction and Fee Waiver applications shall remain confidential.
3. Application for a Fee Reduction or Fee Waiver must be made on the form provided by the BBA and submitted to the CLE Director at least seven calendar days prior to the live CLE course.
4. A Fee Reduction will be granted to individuals who demonstrate financial hardship. The reduced fee for live and pre-recorded CLE programs is \$10/credit up to three credits and \$5 for each additional credit.
5. A Fee Waiver will be granted to individuals who demonstrate extreme financial hardship for live CLE programs only. No Fee Waivers shall be granted for pre-recorded CLEs.
6. A Brooklyn Bar Association member in good standing may obtain no more than four CLE programs under the Hardship Policy in a single fiscal year. A non-member may obtain no more than two CLE programs under this Hardship Policy in a single fiscal year. (Fiscal year begins June 1.)

## APPLICANT INFORMATION

Name:   
Street:   
City:  State:  Zip:   
Phone:  Email:

### ***I am applying for:***

Fee Reduction (available for live and pre-recorded CLEs)  Fee Waiver (available for live CLEs only)

### ***What is the cause of your financial hardship? (Please check all that apply and provide a brief explanation.)***

Unemployed \_\_\_\_\_  Underemployed \_\_\_\_\_  
 Medical Expenses \_\_\_\_\_  Other \_\_\_\_\_

***How will this CLE course help you in your law practice?*** \_\_\_\_\_

***Please provide any additional information (optional).*** \_\_\_\_\_

## ORDER INFORMATION

Course Date/#	Course Title	Price
<b>TOTAL</b>		

## PAYMENT INFORMATION (leave blank if applying for fee waiver)

Credit Card  Visa  Master Card  American Express

Cardholder's Name:

Credit Card Number:  Exp. Date:

Check (payable to "Brooklyn Bar Association")

## FOR OFFICE USE ONLY

CC  CHECK  CASH RECEIVED:  DUE:  REGISTERED: