

MONROE COUNTY BAR CENTER FOR EDUCATION TUITION ASSISTANCE APPLICATION

Tuition assistance for CLE programs is based on financial hardship and may be extended to those attorneys who are unemployed or who can otherwise establish financial hardship. All information is kept confidential and shared only with appropriate Academy members for review purposes.

This form must be completed and received *at least one week prior* to the earliest program requesting hardship.

Please submit your completed application to:

Attn: Tuition Assistance
Monroe County Bar Association
255 East Avenue, Suite 305
Rochester, NY 14604

By fax to: 585.546.1807

By email to: shearn@mcba.org

Name:

Firm/Organization:

Address:

City:

State: NY or

Zip:

Phone: ()

Fax: ()

Email:

MCBA Member [] If you are a member, have your dues been waived or discounted? Yes [] No []

Non-Member []

OCA Status: New Admittee []

Experienced Attorney []

Will your attendance at this course be applied toward required mandatory CLE credit?

[] Yes

[] No

If yes, which state(s)? _____

Employment Status:

[] Solo practitioner

[] Law firm

[] Employee of a not-for-profit organization

[] Office of the Public Defender

[] Government (include agency) _____

[] Law Student (include school) _____

[] Non-practicing

[] In-house counsel

~ and ~

- Unemployed
- Self-employed
- Contract
- Part-time
- Full-time
- Other _____

Practice Area(s): _____

Course(s) applied for:

Program (Live or Recorded)	Program Date

(Please keep in mind that the maximum credit allotment per calendar year is 12 credits.)

Gross Household Annual Income: \$_____preceding year
\$_____estimated for current year

I am requesting the following for consideration:

- Reduced Program Fees Waiver of Fee

The discount or waiver is based on the following, subject to review and deviation:

Criteria	Tuition Assistance
Unemployed	Full Scholarship
Income up to \$25,000	75%
Income \$25,000 - \$35,000	50%
Income above \$35,000	No discount

The Monroe County Bar Center for Education reserves the right to grant or deny scholarships regardless of household income and subject to criteria set forth in the application and overview.

Please explain your need for a scholarship:

I hereby certify that the information set forth above is correct.

Signed: _____ Date: _____