

New Haven County Bar Association
CLE FINANCIAL ASSISTANCE APPLICATION FORM

Tuition assistance will be extended to those attorneys who are unemployed or who can otherwise establish financial hardship. One's application and resume must be received no later than two weeks prior to the program to be eligible for consideration. **Please send the completed application and your resume to:**

New Haven County Bar Association
Attn: CLE Financial Aid
P.O. Box 1441
New Haven, CT 06506-1441

By e-mail: NHCBAinfo@newhavenbar.org
By fax: 203-624-8695

Part I - Applicant Information

Name _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

Male Female **Number of years that you have been licensed to practice** _____

Are you an NHCBA member? Yes No **What year did you graduate law school?** _____

Are you licensed to practice in Connecticut? Yes No **If yes, what year were you sworn in?** _____

Will your attendance at this course be applied towards required MCLE credit?

No Yes If yes, please indicate state(s) _____

Part II - Employment Status & Practice *(attach resume and check appropriate status)*

Employee of a Corporation *(list company/your title)* _____

Solo Practitioner

Full-Time Employee of a Not-for-Profit Organization *(list organization)* _____

Law Student *(list school and year)* _____

Local, State or Federal Government Staff Attorney *(list agency)* _____

Employee of a Law Firm *(list name of firm, # of attorneys, your title)* _____

Public Interest Lawyer *(list organization)* _____

Contract attorney

Part-time Practitioner

Unemployed

Practice area(s) _____

Part III – Annual Income (last 12 months)

- Income less than \$25,000
- Income between \$25,000 and \$35,000
- Income above \$35,000

Part IV – Seminar (attach additional page if needed)

1. Course applied for _____

2. Course Date(s) _____

3. Lowest advertised tuition applicable to you _____

4. Statement of relevance of course to your practice:

5. Please explain your need for tuition assistance:

I am requesting the following for consideration:

- Reduced Program Fee
- Waiver of Program Fee

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

<u>Criteria</u>	<u>Tuition Assistance</u>
Unemployed	50% discount
Income up to \$25,000	50% discount
Income \$25,000 to \$35,000	25% discount
Income above \$35,000	No discount

The NHCBA may, in its discretion, deviate from the above criteria in extraordinary circumstances, and reserves the right to grant or deny tuition assistance regardless of household income. All determinations of the CLE Committee are final. All information is kept confidential and shared only with CLE Committee Chair(s) and NHCBA staff for review purposes.

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

Signature of Applicant _____ Date _____

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FOR NHCBA OFFICE USE:

Date Received _____ Application Number _____

Assistance Granted \$ _____ Tuition Due \$ _____

Approved by _____ Date: _____