



New York State Bar Association
CLE Department
One Elk Street, Albany, N.Y. 12207

CLE TUITION ASSISTANCE - APPLICATION FORM

New York attorneys may apply for tuition assistance to attend Association continuing legal education programs based on financial hardship. Any New York attorney who has a genuine financial hardship may apply for tuition assistance for a CLE program by completing this Tuition Assistance Request Form and returning it to the CLE Department no later than five working days prior to the program, explaining the basis of his/her hardship. If granted, the member will receive tuition assistance, depending on the individual's circumstances.

Please complete this application and send it to the contact listed below. Your application must contain a copy of your resume in order to be considered.

NYSBA CLE SEMINARS
Attn: Holly Hirsch
One Elk Street- 2nd Floor
Albany, NY 12207

Voice: 518-487-5586 • Fax: 518-487-5694 • Email: hhirsch@nysba.org

Part I - Applicant Information

Name

Firm

Address

City State Zip Code

Telephone Fax Email

Area(s) of Practice Number of Years in practice

NYSBA Member? Yes No NYSBA Membership No.

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

No Yes If yes, please indicate state(s)

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

Employee of a Corporation (list company/your title)

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)

Solo Practitioner Unemployed

Part III

1. Course applied for _____

2. Course Date(s) _____

3. Statement of relevance of course to your practice:

4. Please explain your need for tuition assistance:

5. Highest tuition you can afford to pay: \$_____ Total Income: \$_____

Note: Due to high demand for tuition assistance, a maximum of two tuition assistance requests may be approved for any one applicant during any one six-month CLE session.

Tuition assistance, if granted, will be limited to a waiver of some portion of the tuition otherwise payable to New York State Bar Association.

Applicant Affirmation:

I affirm that the information provided in this application for tuition assistance is true and accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

FOR OFFICE USE:

Date Received _____

Application Number _____

Assistance Granted \$_____

Tuition Due \$_____

Reviewed by: _____

Date: _____

Approved by _____

Date: _____