



ERIE INSTITUTE OF LAW

CLE TUITION ASSISTANCE - APPLICATION FORM

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. This form must be completed and received at least one week prior to the earliest program for which you are requesting tuition assistance.

Please complete this application and return to:

Erie Institute of Law
Attn: Scholarship/Tuition Assistance
438 Main St., Sixth Floor
Buffalo, NY 14202
Voice: 716-852-8687 • Fax: 716-8527641 • Email: mkohlbacher@eriebar.org

PART I - Applicant Information

Name _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Area(s) of Practice _____

Number of Years in practice _____

BAEC Member? Yes 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

[] 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 Part time Self-employed Full time Contract

Other _____

Practice Area(s): _____

PART III - Requested Courses

Course(s) applied for: _____

Date: _____ Live Program: Yes _____ No _____

Audio/Video Program(s):

1. _____

2. _____

3. _____

4. Total Credit Hours: _____

5. Statement of relevance of course(s) to your practice: _____

6. Please explain your need for tuition assistance (attach additional pages, if needed): _____

Tuition assistance, if granted, will be limited to a waiver of some portion of the tuition, **up to 24 credit in a biennial period, with remainder payable to Erie Institute of Law.**

Applicant Affirmation:

I affirm that the information provided in this application for tuition assistance is true and accurate to the best of my knowledge and that I make this application due to personal hardship. I understand that this waiver is good for no longer than a one year period, and I must reapply for a waiver in the event my financial hardship continues.

Signature of Applicant _____

Date _____

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FOR OFFICE USE:

Date Received: _____ Assistance Granted: Y / N Credits: _____

Reviewed by: _____ Date: _____ Approved by Executive Director