

American Bar Association
2008 New York Annual Meeting
MCLE SCHOLARSHIP APPLICATION FORM
Please return completed application by Monday, July 7, 2008

{Section/Entity's Name _____}

Contact: Maria Russo
321 North Clark Street
Chicago, IL, 60654
Phone #: (312) 988-5880
Fax #: (312) 988-6338

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ *By giving ABA your e-mail address you consent to receive Annual Meeting related e-mail messages (including, but not limited to, the ABA Journal Annual Meeting Daily Report). If you do not want to receive these e-mails, please call Maria Russo at 312-988-5880 or send an e-mail to abameetings@staff.abanet.org).

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

Are you an ABA Member? Yes No Are you a member of the ABA Section(s) sponsoring the Annual Meeting MCLE Program? Yes No If yes, please list: _____

ABA Membership Number: _____

Will your attendance at this Annual Meeting Program be applied towards required MCLE Credit?
Yes No If yes, please indicate state(s): _____

Other:

Unemployed

Employee of a Corporation (list name) _____

Full-Time Employee of a Charitable Organization (list organization) _____

Full-Time Professor of Law (list school) _____

Law Student (List school and year) _____

Legal Aid Staff Attorney (list agency) _____

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

Member of a Law Firm (number of attorneys) _____

Public Defender (list agency) _____

Public Interest Lawyer (list organization) _____

Solo Practitioner

Concentration of practice:

Please explain your need for a scholarship:

CLE Program Name: _____

Date and Location: _____

ABA Registration Fee @ \$175 \$ _____
(Early Bird Discounted Registration Fee will apply for NY Scholarship Applicants)

Individual CLE Tickets @ \$35 each \$ _____

All Access CLE Badge @ \$175 \$ _____ (\$100 Discount has been applied for NY Scholarship Applicants)

Total tuition *applicable to you*: \$ _____

Have you received, or are you currently being considered to receive a scholarship for another ABA Annual Meeting CLE Program?

_____ No _____ Yes, please indicate:

ABA Annual Meeting CLE Program Name _____

Scholarship Number, if applicable _____

The scholarship, if granted, will be limited to a waiver of some portion of the tuition otherwise payable to the American Bar Association.

Payment Type:

_____ Visa _____ MasterCard _____ American Express _____ Check payable to **ABA/Experient Group**

Card Number _____

Cardholder's Signature _____

Print Cardholder's Name _____

Signature: _____ Date: _____

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Date Received: _____ Date Logged: _____ Application Number: _____

Logged By: _____ Associate Director : _____

Scholarship Granted: \$ _____ Tuition Due: \$ _____