THE AMERICAN BAR ASSOCIATION
DEATH PENALTY REPRESENTATION PROJECT
1050 Connecticut Avenue NW, Suite 400
WASHINGTON, DC 20036

SCHOLARSHIP APPLICATION FORM
(TO BE COMPLETED BY EACH SCHOLARSHIP APPLICANT)

TODAY’S DATE: ........................................................................................................

NAME OF APPLICANT: ...........................................................................................

AFFILIATED ORGANIZATION: ..................................................................................

ORGANIZATION’S ADDRESS: ..................................................................................
............................................................................................................................

CONTACT INFORMATION: TEL # ................. FAX# ............................

EMAIL ADDRESS ..................................................................................................

NAME OF CONFERENCE: ........................................................................................

DATE(S) OF CONFERENCE: ....................................................................................

CONFERENCE LOCATION: .....................................................................................
............................................................................................................................

Please provide a brief description of the need for financial assistance below (or in a separate attachment if necessary):
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ESTIMATED TRAVEL COSTS:

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>CONFERENCE FEE</td>
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<tr>
<td>TRAVEL EXPENSES</td>
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<td>ACCOMMODATION</td>
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<tr>
<td><strong>TOTAL SCHOLARSHIP REQUEST</strong></td>
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</tbody>
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PLEASE EMAIL COMPLETED FORM TO SYLVIA KROHN at sylvia.krohn@americanbar.org.

* DUE TO THE HIGH DEMAND FOR SCHOLARSHIPS AND OUR LIMITED FUNDING, WE MAY NOT BE ABLE TO FULLY FUND YOUR REQUEST.