



Scholarship Application

This application does not serve as a registration for the course. Please contact the education provider.

APPLICANT INFORMATION:

1. Applicant Name: _____
(Last) (First) (M.I.)
2. Position: _____
3. Name of Court: _____
4. Address: _____
Street/P.O. Box

City State Zip Code
5. Telephone No. _____
6. Email Address: _____
7. Congressional District: _____

PROGRAM INFORMATION:

On-site Online

8. Course Name: _____
9. Course Dates: _____
10. Course Provider: _____
11. Location Offered: _____

ESTIMATED EXPENSES:

Please note: Scholarships are limited to tuition (excluding the conference fee), reasonable lodging up to \$150 per night (including taxes), and transportation expenses to and from the site of the course, up to a maximum of \$1,500.

Tuition: \$ _____ Transportation: \$ _____

(Airfare, train fare, or, if you plan to drive, an amount equal to the approximate distance and mileage rate.)

Lodging: \$ _____ Total Amount Requested: \$ _____

Are you seeking/have you received a scholarship for this course from another source? Yes No

If yes, please specify the source(s) and amount(s), and status (received or pending) _____

Are State or local funds available to support your attendance at the proposed course? Yes No

If yes, what amount(s) will be provided? _____



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Concurrence

I, _____,
Name of Chief Justice (or Chief Justice's Designee)

have reviewed the application for a scholarship to attend the program entitled: _____

prepared by _____,
and concur in its submission to the State Justice Institute. The applicant's participation in the program would benefit the State. The applicant's absence to attend the program would not present an undue hardship to the court.

Check box that applies:

- 1. Public funds **are not** available to enable the applicant to attend this course, and receipt of a scholarship would not diminish the amount of funds made available by the State for judicial branch education.
- 2. Public funds **are** available to support the applicant, but are insufficient to cover total costs. Therefore funding from the Institute is requested.

Signature

Name

Title

Date