

**New Jersey Institute for Continuing Legal Education
Scholarship Application Form**

NOTE: Application must be received by NJICLE no later than 10 days before the seminar.

Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Date admitted to the practice of law: ____/____/____ Compliance Deadline: ____/____/____

Seminar for which tuition assistance is requested:

Title: _____ Credit Hours: _____

Date: _____ Location (city): _____

Certification of financial need:

Are you attending to meet your current NJ MCLE requirements: ____Yes ____No

What is your total household income? \$0 to \$35,000 \$35,000 to \$50,000 \$50,000 or more
(Please note: This question **MUST** be answered)

Please explain your financial need: _____

Have you received an NJICLE scholarship during your current compliance year? ____Yes ____No

I certify that the foregoing information about my total household income and financial need is accurate. I understand that if any of the financial information provided is false, I am subject to any resulting consequences.

Signature: _____ Date: _____

RETURN TO: NJICLE Scholarship Administrator, One Constitution Square, New Brunswick, NJ 08901 – Fax number: (732) 249-1428

OFFICE USE ONLY:

Scholarship Granted: F P N _____

Tuition	\$ _____	Date received: _____	Payment received: ____Y ____N
Minimum fee	\$ _____		
CLE Credit fee	\$ _____	Owes: _____	Balance due (if any): _____
Misc. fee	\$ _____		Balance paid: _____
Scholarship amt	\$ _____	Scholarship Number: _____	Date notified: _____