



TRIAL GUIDES

SCHOLARSHIP & FINANCIAL HARDSHIP PROGRAM AND APPLICATION

For designated courses, events and activities, Trial Guides LLC offers financial assistance in the form of partial fee waivers. This program applies to unemployed or underemployed attorneys and attorneys working in government or nonprofit organizations. Trial Guides is unable to offer reduced hotel or travel expenses. Assistance is determined on a case-by-case basis. For courses costing over \$500, Illinois attorneys who qualify will receive at least a 50% reduction in the course fee(s).

To request financial hardship assistance, attorneys should fill out this application, which includes personal information, reason for financial assistance request, reason for program interest, amount covered and to submit a completed course registration form. The application will be reviewed by one of the following: the Director of Continuing Education, the Chief Executive Officer and/or the faculty of the program.

Please complete both pages of this form, sign it, and submit it to the Trial Guides office at least 30 days prior to the program date. Waivers and reduced fees may not be awarded for applications received after that deadline.

The determination of whether a member is eligible for a reduced or waived fee will be made on a case-by-case basis based upon factors including professional relevance, financial need, date of application and the space available for the seminar. If you have any questions about the application process, please contact the Trial Guides office at (800) 309-6845.

The attorney will be informed of the decision by mail or email no later than 30 (thirty) days prior to the program. All the information in this application, including the identity of the applicants/recipients, will be kept confidential. Trial Guides, however, may publicize the existence of this policy as well as the number and cash amounts of awards granted.

Attorney Name: _____

Practice Areas: _____

Number of Years in Practice: _____ Employer Name: _____

Type of Employer: Law Firm Nonprofit Government Agency Solo Practitioner

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____

Are you registered in the Trial Guides New Lawyer Program? Yes No

Have you applied for financial assistance from Trial Guides previously? Yes No

If yes, please list name and date of program(s): _____



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Title and Date of Program for Which Consideration is Requested.

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Amount You Can Pay Toward Registration

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Statement of Need (Briefly Describe Why You Require Financial Assistance):

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Why Are You Interested in this Particular Program?

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Other Information About Yourself Which May be Helpful to Trial Guides

I understand the basis for reduced fee is financial need. I hereby make application to Trial Guides based on my inability to pay the full cost to attend this program. I swear or affirm that the information given, is, to the best of my knowledge, accurate and complete.

Signature: _____ Date: _____

Form is due 30 days prior to the activity for which the application is made.
Completed forms may be mailed, emailed or faxed:

CLE@Trialguides.com	ATTN: CLE	
Sales@Trialguides.com	Trial Guides	
	2350 NW York St.	Fax: 503-206-6438
	Portland, Oregon 97210	

OFFICE USE ONLY

Date Received: _____ Date of Program: _____

Cost of Program: _____ Waiver Granted? Yes No

Amount of Waiver: _____ Amount Due: _____

Request Reviewed by: CEO Director of Continuing Education Program Faculty

Reason for Denial: