

KANSAS CLE COMMISSION

FINANCIAL ASSISTANCE PROGRAM

The CLE Commission has established a fund to assist attorneys who are experiencing extraordinary financial hardship. Attorneys may apply for assistance to cover up to 80% of the registration fee of one qualified CLE program per compliance period.

A completed financial assistance application must be submitted no later than three weeks before the date of the program the attorney wishes to attend. Applicants will be notified no later than one week prior to the activity. All information submitted is confidential.

Awards for those attorneys experiencing extraordinary financial hardship will be considered on a first-come, first-served basis, and distributed at the discretion of the Commission on the basis of qualifications and funds available. Once approved, the Commission will work directly with the program sponsor to register the attorney.

By accepting this assistance, the attorney agrees to attend the program in full. In addition, sponsors will be required to notify the Commission if the attorney alters his or her registration for the approved program.

An attorney awarded financial assistance will be required to complete separate post-attendance evaluation and file it directly with the Commission.

The Commission reserves the right to discontinue this program at any time. For more information contact the CLE Commission, 400 S Kansas, Suite 202, Topeka, Kansas 66603.

Please see www.kscle.org for additional financial assistance opportunities.

APPLICATION FOR FINANCIAL ASSISTANCE

(All information is required and will be kept confidential)

Name of Applicant: _____

Kansas Supreme Court Number: _____

Employer: _____

Address, City, State, Zip: _____

Phone: _____ E-mail Address: _____

PROGRAM INFORMATION:

Sponsor: _____

Title: _____

Dates: _____

Location: _____

Tuition: _____ Amount Requested: _____

Gross Household Income:

Less than \$50,000 \$51,000 - \$75,000 \$75,000 - \$100,000 \$100,000 +

REQUIRED ATTACHMENTS:

Application will not be considered without this information.

- Program brochure or advertising.
- Completed registration form for program.
- Detailed statement of need and most recent tax return.
- Explanation of how this course will benefit your particular practice.

FOR OFFICE USE ONLY
() Approved Amount: \$ _____
() Denied
Date: _____

By signing and executing this form, I certify that the information is accurate to the best of my knowledge. If approved, I agree to attend the program in it's entirety, and complete the required post-attendance evaluation form before participatory credit can be awarded.

Signature _____ Date: _____