

Applicant Information

Name Email Address
Address
Phone ARDC #

Program Information

Title
Date
Attendance Option OR Format

Type of Scholarship Requested

Full Scholarship Partial Scholarship Amount: \$

Please check all that apply.

I am admitted to the Illinois bar in good standing and in active status in Illinois.

AND

I am engaged in full-time public interest work at

AND/OR

I have limited financial means due to a significant financial hardship and have attached documentation of this hardship.

AND

I have not been approved for a scholarship from IICLE® within my current reporting period or in my immediately preceding reporting period.

I have read and understand the IICLE® Financial Hardship Policy, including the minimum requirements for consideration of my scholarship application; the limitations on the products and services that are eligible for scholarship; and the caps on scholarship amounts awarded.

I certify that, to the best of my knowledge, information, and belief, that information provided in support of this application is true and correct.

Signed by:

Date:

Please submit this form to scholarships@iicle.com.

PLEASE NOTE: Deadline for submission for live in-person attendance, webcast attendance, or web replay attendance is **10 business days prior** to the scheduled program date.