

ABA SECTION OF FAMILY LAW FELLOWSHIP APPLICATION

2014 - 2016 PROGRAM

APPLICANT INFORMATION:

The information provided in this application is confidential and will be distributed only amongst the ABAFLS members and/or ABAFLS staff members involved in the selection process.

Are you applying for the fellowship based on diversity or as a legal services attorney? <input type="checkbox"/> Diversity <input type="checkbox"/> Legal Services Attorney		Today's Date:	
Name: Mr. or Ms.		Business Phone: ()	
Nametag First Name Appearance:		Mobile Phone: ()	
E-mail:		Assistant's E-mail:	
Company or Organization Name:			Title:
Mailing Address: (No P.O. Boxes)			
City:	State:	Zip:	Fax: ()
How did you hear about this fellowship program? Brochure___ Fax___ Phone Call___ Web Site___ Catalog___ Word of Mouth___ Other_____			
Affirmation of Diversified Background (Check all boxes that apply) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> LGBTQ <input type="checkbox"/> Disability <input type="checkbox"/> Other_____			
Are you a United States Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Legal Practice: <input type="checkbox"/> Legal Services <input type="checkbox"/> Solo Practitioner <input type="checkbox"/> Non-Profit <input type="checkbox"/> Firm <input type="checkbox"/> Mediator <input type="checkbox"/> Other_____			
Size of Firm: (Please mark if applicable) <input type="checkbox"/> Small (2-10) <input type="checkbox"/> Medium (11-40) <input type="checkbox"/> Large (41-200) <input type="checkbox"/> Ex-Large (201+)			
Areas of Practice:			
Employed Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, how many hours each week) _____			

BAR ADMISSIONS (States listed below will be the state CLE forms provided for you at the program)

Bar ID#:	State:	Year:
Bar ID#:	State:	Year:
Bar ID#:	State:	Year:

Are you in good standing in all the states identified above? ___ YES ___ NO

Are you a member of the American Bar Association? ___ Yes ___ No ABA # _____

Are you currently a member of the ABA, Section of Family Law? ___ Yes ___ No

If yes, how long have you been a member? _____

If not, please explain why:

If you are not an ABA member or Section of Family Law member, please confirm you understand you must be a member of the ABA & the Section of Family Law to participate in this fellowship program _____(initial)

I Understand I must join the ABA and the Section of Family Law within ten (10) days of acceptance in the fellowship program and provide confirmation to the section staff _____(initial)

Have you ever served on an ABA Family Law Section Committee? ____ Yes ____ No ____ N/A because I am not a member

If you have served on an ABA Family Law Section committee, please state what committees you served on, what position you held (if any) on the committee and the approximate dates of service. If not, please explain why:

Have you ever attended a Family Law Section sponsored event? (Social, CLE, Conference) ____ Yes ____ No
If you answered yes, please state the event(s) you attended, their approximate date and why you chose to attend.

Please list the other Bar Associations of which you are a member:

Are you actively involved in any bar association programs or projects? If so, please name them and briefly describe your involvement, including any positions held:

FINANCIAL NEED (All applicants must complete this section)

Marital Status: Married Unmarried (include single, divorced or widowed) Separated

Number of Dependents:

Ages:

Are you able to supplement the cost for attending the conferences with other available funds?

Yes No

Does your firm/organization have funds available for professional training?

Yes No

If yes to the above question, have you applied for assistance?

Yes No

If yes to the above question, what was the outcome of your application?

What percentage of expenses will be paid by your employer?

ANNUAL INCOME AND EXPENSES

<u>Current Year</u>	<u>Applicant</u>	<u>Spouse or Other</u>
Base Income	\$	\$
Dividends or Interest		
Other Income (alimony, rental income, royalties, and/or trust income)		
Annual non-dischargeable debt payments	()	
Annual non-discretionary expenses	()	
Net Income less debt & non-discretionary expense		
<u>Prior Year</u>	<u>Applicant</u>	<u>Spouse or Other</u>
Base Income	\$	\$
Dividends or Interest		
Other Income (alimony, rental income, royalties, and/or trust income)		
Annual non-dischargeable debt payments	()	
Annual non-discretionary expenses	()	
Net Income less debt & non-discretionary expenses		

Note any special considerations:

Please describe in detail why you are interested in being a Section of Family Law Fellow. This statement should include your financial need and how your participation in the fellowship program will benefit your legal career/practice. You may attach a maximum of two recommendations supporting your application. Recommendations are optional.

Acknowledge the statements below by initialing in the space provided:

I certify that I am a licensed attorney admitted to practice law. _____

I understand and accept ABA's policies regarding meeting attendance, travel reimbursement and transfer/cancel fees. _____

I understand this is a two (2) year program and I must attend the Fall and Spring conferences during the two (2) year program and commit to attending _____

I understand the costs to attend the conferences may exceed my reimbursements provided through this program. _____

I understand I must be an active member of the ABAFLS Diversity Committee _____

I have received, read and understand the fellowship program guidelines and will comply with the terms of the program. _____

I certify and that all statements made on all pages of this application are true and accurate.

DATE:

SIGNATURE:

Send your completed application to Cynthia Swan at email: Cynthia.Swan@americanbar.org no later than September 18, 2014.