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R:/	T:/	For internal use only	

This document is a fillable form. Please download the file, open with Adobe, and type your answers into the form fields. Then choose File \rightarrow Save As and save with a new file name in order to save the form with your answers included. **Submit via email**.

Public Defense Training Scholarship Application

Name:	Employer:					
Address:	City	<u> </u>	State:	Zip:		
Email Address:	Phone number:					
1) Which of the following option	ons best descr	ribes you?				
Federal Public Defender	State	State/County Public Defender Non-profit Lawyer				
CJA Panel Attorney	Court-appointed/Contract attorney					
2) If you are not a full-time pub appointed public defense?	olic defender,	approximately w	hat percentag	e of your practice is		
Less than half	50 to 75%	50 to 75% More than 75%				
3) What program are you requ	esting assista	nce to attend?				
Organization and course name: _						
Date and location:		Registration fee:				
4) Are you a current NACDL me	Yes	No				
5) Are you requesting travel as below.	ssistance? If ye	es, provide travel c	ost estimates a	nd complete certification		
Yes	No	Flight/train estir	nate:			
		Hotel estimate: _				
I understand that if I am n will be required to join NA				l travel reimbursement, l		
6) If travel assistance is not grafees only?	anted, do you	wish to be consid	ered for assist	tance for registration		
Yes	No					
7) Please provide a brief descr	iption of your	professional bac	kground inclu	ding your years of		

criminal defense practice and the types of cases you currently handle.

8) What previous training, if any, have you had on the topic(s)covered in this program? Please include the name of the hosting organization and the approximate year attended.
9) Please explain why you want to attend this particular program.
10) Please discuss your current financial need including:
- What financial assistance will your office/agency provide, and why?
- What other financial factors impact your ability to attend this program?
- <u>Optional</u> : Please attach a brief statement from your office regarding any financial restrictions on your ability to attend this program.
11) Are you willing and able to pass on the knowledge you gain from this program to other public defense providers in your community? If so, please describe your specific plans to do so.
I certify that I am an active member in good standing of the Bar of
My Bar number is