



NEW YORK STATE BAR ASSOCIATION

Trial Academy Scholarship Application Form

Scholarship Recipient's Name: _____

Address: _____

Telephone: _____ Email Address: _____

Current Employer: _____

Year Admitted to New York State Courts: _____

Type of Practice: _____

How would the nominee benefit from attending the Trial Academy?

What benefit would the nominee offer to the Trial Academy and the other attendees?

Submitted by: _____

Address: _____

Telephone: _____ Email Address: _____

In addition to your completed application, a resume is REQUIRED. Please email this application and resume to:

Megan O'Toole, at motoole@nysba.org.

Deadline for submissions 2/1/2018