



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: _____

**Kindly return to Amy Jasiewicz, Section Liaison at ajasiewicz@nysba.org.
Deadline for submissions 2/28/2015**