



New York State Bar Association
Dispute Resolution Section

**DIVERSITY SCHOLARSHIP APPLICATION FORM
FOR ARBITRATION TRAINING**

[Note: Attorneys who are not eligible for a diversity scholarship may apply for tuition assistance to attend this arbitration training based on genuine financial hardship. Those interested should contact Lara Nowicki for a tuition assistance application: 518-487-5669 or at lnowicki@nysba.org.]

EMAIL YOUR COMPLETED FORM TO: lnowicki@nysba.org

Part I - Applicant Information

Name _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Area(s) of Practice _____ Number of Years in practice _____

Bar Association Memberships: _____

Gender: _____ Race/Ethnicity: _____

Will your attendance at this course be applied towards required MCLE credit?

No Yes If yes, please indicate state(s) _____

Part II - Employment Status *(attach resume and check appropriate status)*

Employee of a Corporation *(list company/your title)* _____

Full-Time Employee of a Not-for-Profit Organization *(list organization)* _____

Law Student *(List school and year)* _____

Local, State or Federal Government Staff Attorney *(list agency)* _____

Employee of a Law Firm *(list name of firm, # of attorneys, your title)* _____

Public Interest Lawyer *(list organization)* _____

Solo Practitioner Unemployed

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PART III

1. State how the arbitration training applies to your practice and describe your interest in ADR:

2. Please explain your need for tuition assistance:

Applicant Affirmation:

I affirm that the information provided in this application for tuition assistance is true and accurate to the best of my knowledge.

Signature of Applicant _____

Date _____