



New York State Bar Association  
Dispute Resolution Section

**DIVERSITY SCHOLARSHIP APPLICATION FORM  
FOR MEDIATION TRAINING**

[Note: Attorneys who are not eligible for a diversity scholarship may apply for tuition assistance to attend this mediation 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](mailto:lnowicki@nysba.org).]

**EMAIL YOUR COMPLETED FORM TO: [lnowicki@nysba.org](mailto: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 mediation training applies to your practice and describe your interest in ADR:

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2. Please explain your need for tuition assistance:

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**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 \_\_\_\_\_

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