

# NITA<sup>®</sup> Scholarship Application and Instructions

Every year, the NITA Foundation awards scholarships to worthy applicants who have demonstrated their commitment to public service by representing the underserved, indigent, and at-risk populations. The Foundation works to ensure that our programs are accessible to all with a special emphasis on those working at nonprofit organizations and legal aid offices, serving in the private or public sectors, who demonstrate financial need. Often attorneys engaged in the public interest are working with the most vulnerable of populations – the elderly, disabled, children, and disenfranchised – and with extremely limited resources. Through our scholarship program, we ensure that attorneys working under these conditions can avail themselves of the type of training that only a NITA can provide. The Foundation depends upon generosity of law firms, individuals, and foundations dedicated to helping others in the legal community through our scholarship program.

## **Scholarship Guidelines and Process**

- To reserve a space in a program and to be considered for scholarship assistance, you must complete all pages of the following Financial Aid Application.
- If you are awarded a scholarship there will be a **minimum balance of \$200**, which will be invoiced after the scholarship is awarded. Please do not send payment unless you are awarded a scholarship.
- Scholarships apply toward tuition only. Hotel and travel expenses are the responsibility of the applicant.
- Scholarships may **not** be transferred from one NITA program to another.
- Incomplete or inaccurate forms will not be considered.
- Our funds are extremely limited so please apply at least 45 days in advance of the program start date.
- Applications are processed on a first-come, first-served basis.

## **Policy of Non-Discrimination and Equal Opportunity**

The National Institute for Trial Advocacy and the NITA Foundation do not discriminate against applicants for program admission or scholarship assistance on the basis of race, national origin, creed, religion, gender, sexual orientation, age, color, disability or status as a parent. Furthermore, NITA and the NITA Foundation comply with the provisions of Title IX of the Education Amendments of 1974, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and federal and state laws and regulations pertaining to affirmative action and equal opportunity.

Cancellation Notice Received	Cancellation Fee	Revised – 11/19/2009
30 calendar days or more before program	For cancellations received 30 calendar days or more before the program begins, a cancellation fee <u>will not be</u> assessed and NITA will issue a <u>full refund</u> of any tuition payments that have been made.	
Fewer than 30 calendar days before the program start	For cancellations received between 30 calendar days and the start date of the program, <b>\$200 will be non-refundable</b> . If this fee has not been paid yet then you will be invoiced for this.	
<b>No Shows</b>	<p>If a scholarship recipient fails to show up for a program, he or she has utilized space that some other worthy applicant may have needed. A <b>\$200 fee will be non-refundable</b>. If this fee has not been paid yet then you will be invoiced for this. No-shows will not be considered for future scholarship assistance to NITA programs for 12 months from date of the unused scholarship.</p> <p>If you miss more than 15% of the program for which you have a scholarship award, you are considered an <i>incomplete</i> and the scholarship will be cancelled and you will be liable for the 10% cancellation fee.*</p> <p>*The only exception to these policies will be for persons able to demonstrate unforeseen and serious emergencies that kept them from attending.</p>	
<b>Scholarship cancellations must be made in writing by sending a letter of Intent to Cancel to NITA Admissions.</b>		

# NEED-BASED SCHOLARSHIP APPLICATION

## APPLICANT AND PROGRAM INFORMATION:

Today's Date:	Program Name:		
Name: Mr. or Ms.	Program City/State:		
Nametag First Name Appearance:	Program Dates:		
E-Mail:	Assistant's E-Mail:		
Business Phone: (      )	Mobile Phone: (      )		
Company Name:			Title:
Mailing Address: (No P.O. Boxes)			
City:	State:	ZIP Code:	Fax: (      )
How did you hear? Brochure____ Fax____ E-mail____ Phone Call____ Web Site____ Catalog ____ Word of Mouth____			
Ethnic Background: (In compliance with Affirmative Action standards) <i>(Please mark)</i> <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native-American <input type="checkbox"/> Other_____			
Type of Legal Practice: <input type="checkbox"/> Legal Aid <input type="checkbox"/> Government <input type="checkbox"/> Sole Practitioner <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Firm			
Size of Firm: <i>(Please mark if applicable)</i> <input type="checkbox"/> Small (2-20) <input type="checkbox"/> Medium (21-70) <input type="checkbox"/> Large (71-200) <input type="checkbox"/> Ex-Large (71-200)			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced or widowed) <input type="checkbox"/> Separated			
Number of Dependents:	Ages:		
Law Interests/Specialization(s):			

## BAR ADMISSIONS *(States listed below will be the state CLE forms provided for you at the program)*

Bar ID#:	State:	Year:
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## PROGRAM DETAILS

Will you require special accommodations to access the facility or need assistance?	YES	NO
Does your firm/agency have funds available for professional training?	YES	NO
Are you an EJW Fellow?	YES	NO
If yes, have you applied for assistance?	YES	NO
What was the outcome of your application?		
What percentage of expenses will be paid by your employer?		
While attending this program, will you continue to draw your regular salary?	YES	NO
Will your attendance count against vacation or sick leave?	YES	NO

## PAYMENT

*If awarded a scholarship you will be invoiced for the balance remaining after the scholarship which will be a **minimum** of \$200.*

I certify that I am a licensed attorney admitted to practice law and that I understand and accept NITA's policies regarding program attendance and transfer/cancel fees.

SIGNATURE:	DATE:
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DESCRIPTION OF NEED		
Amount of financial aid requested:	\$ _____	
If you do not receive the amount you requested, are you able to supplement with your personal funds?	YES	NO
Would you benefit from a no-interest payment plan in the event that a scholarship is not available?	YES	NO
What are your reasons for applying for financial aid?		
Please discuss how you intend to use the skills acquired from this course.		
ANNUAL INCOME AND EXPENSES		
<u>Current Year</u>	<u>Applicant</u>	<u>Spouse or Other</u>
Base Income	\$	\$
Other Income		
Total Income		
<u>Prior Year</u>	<u>Applicant</u>	<u>Spouse or Other</u>
Base Income	\$	\$
Dividends or Interest		
Other Income		
Total Income		
<u>Monthly Expenses</u>	<u>Current Year</u>	<u>Prior Year</u>
Mortgage or Rent	\$	\$
Food		
Healthcare/Insurance		
Vehicle Financing		
Other Transportation		
Dependent Care		
Credit Card Payments		
Student Loans		
Other Loans		
Other		
Total Expenses		
<u>Assets</u>	<u>Current Year</u>	<u>Prior Year</u>
Real Property	\$	\$
Stock & Bonds		
Trust Funds		
Checking & Savings Accounts		
Total Assets		
Income Over Expenses		
Approved By:	Amount Approved:	Date:
Contract Received On:		

Return Application: NITA Admissions, 1685 38<sup>th</sup> Street, Suite 200, Boulder, CO 80301

P: 800.225.6482 F: 303.484.7610 E-Mail: [Customerservice@nita.org](mailto:Customerservice@nita.org)