

## Pennsylvania Bar Institute

## Scholarship Policy

The Pennsylvania Bar Institute (PBI) offers scholarships in the form of partial tuition waivers for attorneys with limited financial means. Scholarships make it possible for attorneys to meet their annual 12 credit mandatory continuing legal education (CLE) requirement at a minimal cost.

PBI grants scholarships to attorneys whose household income is less than \$35,000. In special circumstances, e.g. an attorney whose family has incurred extraordinary medical expenses, the Director of PBI may grant a partial waiver for attorneys whose household income is less than \$50,000. These scholarships apply only to the 12 credits needed to meet their annual CLE requirement. In all circumstances, attorneys must annually complete the attached scholarship application. Once a recipient has received an email of scholarship approval, the recipient must then contact PBI Customer Service at 800-932-4637 to register and pay for their CLE(s).

## PENNSYLVANIA BAR INSTITUTE SCHOLARSHIP APPLICATION

CONFIDENTIAL: This information is solely for the use of the PBI Scholarship Administrator; no further distribution or publication is permitted except (1) as necessary to administer the scholarship program, and (2) as required by auditors of PBI.

BEGINNING SEPTEMBER 1<sup>ST</sup> SCHOLARSHIP APPLICATIONS MUST BE FILED ANNUALLY.

YOU WILL BE NOTIFIED VIA EMAIL IF YOUR SCHOLARSHIP APPLICATION HAS BEEN APPROVED.

SCHOLARSHIPS WILL BE VALID FROM THE DATE OF APPROVAL THROUGH THE END OF YOUR CURRENT COMPLIANCE DEADLINE.

UPON APPROVAL — PLEASE CONTACT CUSTOMER SERVICE AT 800-932-4637 TO REGISTER & PAY FOR YOUR CLE(S).

PLEASE NOTE: SCHOLARSHIPS ARE GOOD FOR OBTAINING 12 CLE CREDITS PER COMPLIANCE YEAR - ANY CREDITS OVER 12 MUST BE PAID FOR AT REGULAR PRICE.

Name:		Atty. ID No	
Address:			
City:	State:	Zip:	
Telephone: ()	Cell: ()_		
E-mail ( <b>REQUIRED</b> ):			
Current Compliance Deadline (PLE	EASE FILL IN THE YEAR):		
□ April 30 <sup>th</sup>	□ August 31st	□ December 31st	
Certification of Financial Need:			
What is your total household incom	ne? ( <b>REQUIRED</b> )		
□ \$0	to 35,000 🗆 \$35,001	to \$50,000	
Please explain your financial need:			
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Signature:		Date:	
PLEASE RETURN APPLICATION	TO: Customer Service c/o FP.O. Box 186, Harrisbuinfo@pbi.org -or- Fax	<mark>rg, Pa. 17108-0186</mark>	
FOR OFFICE USE ONLY			
Date Received:	Schola	rship Granted: Y N	
85% of Fee	Approv	ved By:	
75% of Fee	Date A	pproved:	