**Financial Aid Policy**

Entertainment & Sports Law CLE

April 12, 2019

Syracuse University College of Law

Any New York attorney who has a genuine financial hardship may apply for tuition assistance for the CLE program by submitting a Tuition Assistance Request form, explaining the basis of his/ her hardship. If granted, the attorney will receive tuition assistance as follows:

Unemployed Full scholarship

Income up to $30,000 75% discount

Income up to $40,000 50% discount

Income above $50,000 No discount

Please submit the following Tuition Assistance Request Form to [lawstudentaffairs@law.syr.edu](mailto:lawstudentaffairs@law.syr.edu) no later than five business days prior to the program date.

**Entertainment & Sports Law CLE**

**Application for Tuition Assistance**

New York attorneys may apply for tuition assistance to attend this continuing legal education program based on financial hardship. Complete and return this Tuition Assistance Request Form no later than five working days prior to the program, explaining the basis of his/her hardship. If granted, the attorney will receive tuition assistance, depending on the individual’s circumstances.

Please complete this form and send it to [lawstudentaffairs@law.syr.edu](mailto:lawstudentaffairs@law.syr.edu) no later than five business days prior to the event.

1. **APPLICANT INFORMATION**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NYSBA Member?** Yes \_\_\_ No\_\_\_ **NYSBA Membership No.** \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EMPLOYMENT STATUS** (attach resume and note appropriate status)

Employee of a Corporation (list company/your title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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Please complete this form and send it to [lawstudentaffairs@law.syr.edu](mailto:lawstudentaffairs@law.syr.edu).

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