New Jersey State League of Municipalities

Seminar Scholarship Policy for Attorneys

The New Jersey State League of Municipalities (NJLM) offers scholarships in the form of full or partial tuition waivers for attorneys with limited financial means. These scholarships enable attorneys who meet the eligibility criteria to fulfill their MCLE requirements at a substantially reduced cost.

As a general rule, scholarships will be awarded based on the following sliding scale for attorneys with an annual household income of $50,000 or less:

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>Full scholarship</td>
</tr>
<tr>
<td>Household Income up to $35,000</td>
<td>75% discount</td>
</tr>
<tr>
<td>Household Income $35,000 to $50,000</td>
<td>50% discount</td>
</tr>
<tr>
<td>Household Income above $50,000</td>
<td>No discount</td>
</tr>
</tbody>
</table>

Full or partial scholarships may also be awarded based on other special circumstances such as, for example, extraordinary medical expenses.

For certain programs, including, but not limited to, those involving meal functions, or other extraordinary costs, there will be a minimum attendance fee which may exceed the amount that would otherwise be payable based on the sliding scale above.

Please note that scholarships do not include MCLE fees. All scholarship recipients will be required to pay any applicable MCLE fees for the programs they attend unless those fees are waived by the regulating body.

Scholarships cannot be combined with other discounts and scholarship recipients are limited to a maximum of 12 credits per year. The number of available scholarships is limited to 3% of total registrations per program.

To request a scholarship, please complete the form below and fax it to 609-695-0151 at least ten (10) full working days before the program you wish to attend. You will be notified prior to the program whether you qualify and if seats are available.
New Jersey State League of Municipalities
Scholarship Application Form

CONFIDENTIAL:

This information is solely for the use of the NJLM 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 NJLM.

Application must be received by NJLM no later than 10 business days before the seminar.

Name:
___________________________________________________________________________

Mailing Address: _______________________________________________________________
City:________________________ State:________________ Zip:________________________

Phone:________________ Fax:________________ Email:___________________________

Date admitted to the practice of law: ____/____/____

Compliance Deadline: ____/____/____

Seminar for which tuition assistance is requested: Seminar No.

Seminar Title:________________________________ Credit Hours:_____
Date:________________________ Location (city):_______________________________

Certification of financial need:

<table>
<thead>
<tr>
<th>Are you attending to meet your current NJ MCLE requirements:</th>
<th>_____Yes</th>
<th>_____No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your total household income?</td>
<td>$_________</td>
<td></td>
</tr>
</tbody>
</table>

(Please note: This question MUST be answered)

Please explain your financial need: ___________________________________________
___________________________________________________________________________
Have you received an NJLM scholarship during your current compliance year?  

[ ] Yes [ ] No

I certify that the foregoing information about my total household income and financial need is accurate. I understand that if any of the financial information provided is false, I am subject to any resulting consequences.

Signature: _______________________________  Date: ______________________

RETURN TO: NJLM Scholarship Administrator, 222 West State Street, Trenton, NJ 08608

____________________________________________________________________________

OFFICE USE ONLY:
Scholarship Granted: _______

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Date received:</th>
<th>Payment received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum fee</td>
<td>$____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLE Credit fee</td>
<td>$____</td>
<td></td>
<td>Owes: _______</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Balance due (if any): _______</td>
</tr>
<tr>
<td>Misc. fee</td>
<td>$____</td>
<td></td>
<td>Balance paid: _______</td>
</tr>
</tbody>
</table>

Scholarship amt $_____

Scholarship Number: __________

Date notified: __________