

**CLII SCHOLARSHIP APPLICATION**

Scholarship Applications will only be accepted until: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

Type of Program Applying For:  Basic Training  Fellow Collaborative Skills Training (FCST)  
Name and Date of Program: \_\_\_\_\_

Profession:  Attorney  Mental Health  Financial  Student  
Place of employment or school: \_\_\_\_\_

Do you work for any of the following:  Legal Aid Clinic  Non-for-profit Agency  
 Social Service Agency  Professional Association (e.g., ABA, APA)

Have you been in practice 2 years or less?  Y  N Do you practice in a rural community?  Y  N  
Are you bilingual?  Y  N Languages spoken: \_\_\_\_\_  
Do you specialize in working with LGBT clients?  Y  N  
Do you have to travel more than 2 ½ hours to attend this training?  Y  N

Reason for applying for partial scholarship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain your financial needs for applying for partial scholarship:  
\_\_\_\_\_  
\_\_\_\_\_

How will attendance at this training help you grow and develop your collaborative practice?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship awards cover the cost of the training, with the exception of food, materials, and processing fees. Scholarship recipients are required to pay a nonrefundable advanced fee of \$100 for 2 day Basic Training, or \$50 for 1 day FCST events. Fellows who receive a scholarship for a FCST program are further asked to contribute to the growth of CLII by committing to volunteer to serve on one of our committees for one year. The Chair of the Training and Education Committee can provide assistance with selecting a committee that is in need of help and/or that would match your interests and skills.

*I understand that by completing this application and signing below, I am applying for one of a limited number of scholarships awarded for a Collaborative Law Institute of Illinois Training Program. I further attest that the statements and information contained above are true and accurate, that I am a resident of the State of Illinois, and that I intend to practice within my profession within this state.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to: CLII  
P. O. Box 2032  
Glenview, IL 60025-6032