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TUITION ASSISTANCE

Name: _____
Address: _____
City, State, Zip _____
Tel: _____ Email: _____
Firm: _____
Address: _____
City, State, Zip _____
Tel: _____ Email: _____
Number of years that you have been licensed to practice law: _____
Will Lawline.com's course be applied to your MCLE credit? _____
If yes, please indicate state(s): _____

EMPLOYMENT STATUS (ATTACH RESUME)

___ Full time employee of Not-for-Profit Organization (list org.) _____
___ Legal Aid Staff Attorney _____
___ Local, state or Federal Govt Staff Attorney _____
___ Public Defender (list Agency) _____
___ Solo Practitioner _____
___ Unemployed _____

Product Applied for _____

Statement of relevance of course to your practice: _____

Please explain your need for a scholarship:

Highest tuition you can afford to pay: _____ (Scholarships available for no
more than 50% of course fee)

Signature: _____ Date: _____