

**PENNSYLVANIA BAR ASSOCIATION — FAMILY LAW SECTION**  
**JRW SCHOLARSHIP PROGRAM REQUEST FORM**

- A. Preliminary Information
- a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Telephone Number: \_\_\_\_\_
  - d. Supreme Court ID: \_\_\_\_\_
  - e. Conference for which Scholarship Assistance is sought: \_\_\_\_\_
- B. How long have you been a member of the PBA Family Law Section: \_\_\_\_\_
- C. Are you requesting a scholarship because you are a young/"new to the practice" lawyer?
- a. If so, when were you admitted to practice law in Pennsylvania? \_\_\_\_\_
  - b. By whom are you employed? \_\_\_\_\_
  - c. Have you or a member of your firm attended a conference in the past? \_\_\_\_\_
  - d. If yes, who, and when? \_\_\_\_\_
  - e. Does your firm pay for attendance at conferences? \_\_\_\_\_
- D. Are you requesting a scholarship because you are from a solo or small firm?
- a. If so, please state the name of your solo or small firm: \_\_\_\_\_
  - b. How many attorneys are practicing with your firm? \_\_\_\_\_
  - c. Have you or a member of your firm attended a conference in the past? \_\_\_\_\_
  - d. If yes, who, and when? \_\_\_\_\_
  - e. Does your firm pay for attendance at conferences? \_\_\_\_\_
- E. Are you requesting a scholarship because you are a public interest or governmental agency attorney?
- a. If yes, state the public interest agency by which you are employed: \_\_\_\_\_
  - b. How many attorneys are practicing with that agency full time? \_\_\_\_\_
  - c. How many attorneys are practicing with that agency part time? \_\_\_\_\_
  - d. How many attorneys are practicing with that agency on a volunteer basis? \_\_\_\_\_
  - e. Have you or another attorney practicing at your agency attended a conference in the past? \_\_\_\_\_
  - f. If yes, who, and when? \_\_\_\_\_

- g. Does your employer pay for attendance at conferences? \_\_\_\_\_
- F. Are you requesting a scholarship because you are from a county that has been under-represented at section conferences?
  - a. If yes, in what county is your office located? \_\_\_\_\_
  - b. In what county do you primarily practice? \_\_\_\_\_
  - c. Have you or a member of your firm attended a conference in the past? \_\_\_\_\_
  - d. If yes, who, and when? \_\_\_\_\_
  - e. Does your employer pay for attendance at conferences? \_\_\_\_\_
- G. Are you requesting a scholarship on the basis of financial hardship or other hardship?
  - a. Please explain the nature of the hardship. Please be as specific as possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Please indicate specific reasons why attending the Winter or Summer Conference of the PBA Family Law Section is important to you and provide any other information which may be helpful to us in making a decision.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Have you been a scholarship recipient in the past?
  - a. If yes, please indicate why you are seeking additional scholarship assistance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information set forth in this Request Form will be used solely for the purpose of determining whether this request for scholarship will be granted.

I certify that the information set forth by me is true. I further certify that the hardships set forth above (if any) were not caused by acts of mine which were illegal, and that I am currently licensed to practice law in Pennsylvania.

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

Please return completed form to Pamela Kance at the Pennsylvania Bar Association, P.O. Box 186, Harrisburg, Pa. 17108, or Pam.Kance@pabar.org. **Application for this program must be made on or before Friday, November 18, 2022.**