

# WASHINGTON STATE B A R A S S O C I A T I O N

Scholarship Fund to Attend ABA Young Lawyer Division Meetings

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## APPLICATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Bar No. \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Which meeting are you applying for scholarship funding to attend? Please note application deadlines:

<u>Meeting</u>	<u>Dates</u>	<u>Location</u>	<u>Application Deadline</u>
___ Midyear	February 1 - 3, 2018	Vancouver, BC	Friday, Jan 5, 2018
___ Annual	August 2 - 4, 2018	Chicago, IL	Friday, June 8, 2018

Why are you interested in attending this ABA meeting?

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Are you actively involved in any Bar Association programs or projects? If so, please name them and briefly describe your involvement, including any positions held:

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Describe how this scholarship fund will improve your participation with the WSBA and/or the Washington Young Lawyers Committee:

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Please explain your specific financial need, as well as your employer's role in supporting your travel to meetings (what type of travel budget you have):

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Do you receive funding from any source to attend ABA YLD meetings (such as an ABD YLD scholarship, emerging leader program, employer or local bar association)? If so, please provide the amount you receive.

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**Please list any *pro bono* participation and/or activities:**

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**Have you ever attended an ABA YLD Meeting?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you ever attended any other ABA Meetings, and how many?**

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Delegates will receive the reimbursement after each meeting by completing a WSBA Expense Report form and including all applicable receipts up to the limit specified in the scholarship they receive. Reimbursement will only be made for expenses for airfare, hotel, registration, or meals (excluding alcoholic beverages) incurred in connection with the meeting.

If you are unable to attend a meeting for which you have been selected to serve as applicant, please email [NewMembers@wsba.org](mailto:NewMembers@wsba.org) as soon as possible. This will allow us to award another applicant the scholarship.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return your completed application by mail or email to:**

New Member Programs  
Washington State Bar Association  
1325 4<sup>th</sup> Ave., Ste. 600  
Seattle, WA 98101  
Phone: 206.733.5934  
Email: [NewMembers@wsba.org](mailto:NewMembers@wsba.org)