



- 301 SW 10th Ave.
- Topeka, KS 66612
- Phone: (785) 368-8201
- www.kscle.gov

Financial Assistance Information and Application

Kansas CLE established a fund to assist attorneys who are experiencing extraordinary financial hardship. Attorneys may apply for assistance to cover up to 80% of the registration fee of one qualified CLE program per compliance period.

A completed financial assistance application must be submitted no later than three weeks before the date of the program the attorney wishes to attend. Applicants will be notified no later than one week prior to the activity. All information submitted is confidential.

Awards for those attorneys experiencing extraordinary financial hardship will be considered on a first-come, first-served basis, and distributed at the discretion of Kansas CLE on the basis of qualifications and funds available. Once approved, Kansas CLE will work directly with the program sponsor to register the attorney.

By accepting this assistance the attorney agrees to attend the program in full. In addition, sponsors will be required to notify Kansas CLE if the attorney alters his or her registration for the approved program.

An attorney awarded financial assistance will be required to complete separate post-attendance evaluation and file it directly with Kansas CLE.

Kansas CLE reserves the right to discontinue this program at any time. Please see www.kscle.gov for additional financial assistance opportunities.



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Application for Financial Assistance

All info is required and will be kept confidential

Attorney: _____ Kansas Supreme Court Number: _____

Employer: _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Program Information:

Sponsor: _____

Title: _____

Dates: _____ Location: _____

Tuition: _____ Amount Requested: _____

Gross Household Income:

Less than \$50,000

\$51,000 - \$75,000

\$75,000 - \$100,000

\$100,000 +

Required Attachments:

Application will not be considered without this information:

- Program brochure or advertising.
- Completed registration form for program.
- Detailed statement of need and most recent tax return.
- Explanation of how this course will benefit your particular practice

For office use only:

() Approved
 Amount: \$ _____

() Denied

Date: _____

By signing and executing this form, I certify that the information is accurate to the best of my knowledge. If approved, I agree to attend the program in its entirety, and complete the required post-attendance evaluation form before participatory credit can be awarded.

Signature _____ Date _____