



PINNACLE Scholarship Policy

Terms and Conditions:

The State Bar of Wisconsin (SBW) through its PINNACLE Department is committed to providing legal professional development products and services at an affordable price. Nevertheless, in those instances where cost may be a barrier, SBW shall support the professional development of attorneys through this Scholarship Policy. SBW shall endeavor to award as many scholarships as possible with preference given to SBW members, solo practitioners, employees of nonprofit organizations, legal services organizations, and government employees.

Attorneys experiencing a financial hardship may submit the application below to request a reduction or waiver of PINNACLE fees. All requests will be treated confidentially. **CLE program tuition requests must be submitted no less than 30 days prior to the seminar.** No requests shall be considered after the deadline or granted retroactively. Timely requests will be evaluated according to the criteria identified on the application and additional factors including seminar space availability.

Please return completed application with attachments to Tim Clark: tclark@wisbar.org

Application:

Name _____

Employer _____

Mailing Address _____

Phone # _____ Email _____ Fax _____

SBW Number _____ # of years in practice _____

Your Practice Areas _____

Title of Program _____

Date of Program _____ Location _____

Cost of Program _____

Amount you are able to pay _____

Requested Scholarship Amount _____

Required Statements: *(Please attach. If employed, please use employer's letterhead.)*

1. Statement of need (describe the financial circumstances that justify a scholarship).
2. Statement of relevance (describe the benefits of the award to you, your employer, SBW, and the profession; please also include whether the skills are needed for pro bono services).
3. Additional information in support of this application.

Certification:

I understand the primary basis for a scholarship is financial need. I hereby submit this application based on my inability to pay and affirm that the information given is, to the best of my knowledge, accurate and complete.

Name/Signature of Applicant _____ Date _____