

Michigan Appellate Bench Bar Conference Foundation

2016 Scholarship Application

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|-------------|-----------|
| First Name: | P Number: |
| Last Name: | |

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|----------------------|--------|-----------|
| Employer: | | |
| Work Street Address: | | |
| City: | State: | Zip Code: |
| E-mail: | | Phone: |

| | | | |
|--|---|--|--|
| Type of appellate practice and percentage of total time: | | | |
| <input type="checkbox"/> General Civil _____% | <input type="checkbox"/> Prosecution _____% | <input type="checkbox"/> Criminal Defense _____% | |
| <input type="checkbox"/> Family _____% | <input type="checkbox"/> TPR _____% | <input type="checkbox"/> Other: _____% | |

| | |
|-------------------------------------|--|
| Select Scholarship Area of Law | |
| <input type="checkbox"/> SADO | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> MAACS | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prosecutor | |

| | |
|---|-------|
| Explain why you need and are deserving of a scholarship. You may attach extra pages if necessary. | |
| | |
| Applicant Signature: | Date: |

Mailing Address: MABBCF, P.O. Box 66, Grand Ledge, MI 48837
Phone: (517) 627-8700 Fax: (517) 627-3950 Email: mabbc@comcast.net

The scholarship covers the conference fee of \$375.00, which includes reception, breaks, lunch and banquet. It **does not** include a hotel room or mileage.

Although we are accepting scholarship applications up until the date of the Conference, scholarship funds are limited. It is therefore recommended that you submit your application before **April 1, 2016**. You may submit your completed application by mail, fax, or email to:

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Phone: (517) 627-8700
Fax: (517) 627-3950
Email: mabbc@comcast.net

All questions regarding this process can be directed to committee chair Liisa Speaker at lspeaker@speakerlaw.com or by phone at (517) 482-8933.

If you are unable to accept the scholarship once granted, please notify MACCBF staff at mabbc@comcast.net as soon as possible so it can be offered to another applicant.

(for office use only)

Date Received: _____

Date Approved: _____