

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION  
Public Interest Law Fellowship Program

APPLICATION

**A. Applicant Data:**

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

Pennsylvania Bar Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_

Name and ages of dependent children under the age of 21:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Law School(s) Attended: \_\_\_\_\_

Law School Graduation Date \_\_\_\_\_

Date of Admission to Pennsylvania Bar: \_\_\_\_\_

**B. Applicant Employment Data:**

Name of Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_

Current Annual Gross Income: \_\_\_\_\_

**C. Employment Data for Spouse**

Name of Spouse: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_

Current Annual Gross Income: \_\_\_\_\_

**D. Certification:**

I certify that all information provided above is true and accurate as of this date. I understand that the deadline to apply for the Public Interest Law Fellowship Program is Monday, August 15, 2011. I further agree to notify the Public Interest Law Fellowship Program Coordinator of any changes in employment status, address, marital status, or income and provide any additional information requested by the Program Coordinator.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed application and all required documents to:**

Lorrie K. Albert, Esq.  
Director  
Allegheny County Bar Foundation  
400 Koppers Building  
436 Seventh Avenue  
Pittsburgh, PA 15219

**Attach the following documents. Your application is NOT complete and CANNOT be evaluated until ALL information is submitted. Thank you.**

- \_\_\_\_\_ A signed, complete copy of the Program Description (not just the certification page);
- \_\_\_\_\_ A current resume;
- \_\_\_\_\_ A signed, completed copy of the Application;
- \_\_\_\_\_ Applicant Employment Certification Form;
- \_\_\_\_\_ Income Information Worksheet;
- \_\_\_\_\_ Loan Indebtedness Worksheet;
- \_\_\_\_\_ Asset Worksheet;
- \_\_\_\_\_ Other Financial Information Sheet;
- \_\_\_\_\_ Copy of your most recent federal income tax return (unless you were not required by law to submit federal income tax return);
- \_\_\_\_\_ Repayment Agreement;
- \_\_\_\_\_ Applicant's signed acknowledgment of duty to report changes in financial status;
- \_\_\_\_\_ Special Conditions Verification;
- \_\_\_\_\_ Spouse's Employment Certification Form, if applicable; and
- \_\_\_\_\_ **Applicant's written statement of qualifications, community service, and personal need (500 words or less); and,**
- \_\_\_\_\_ **Written recommendation from applicant's direct supervisor or agency director attesting to applicant's merit.**

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APPLICANT EMPLOYMENT CERTIFICATION

**Part A: To be completed by applicant.** (Please duplicate for each employer.)

PILFP Applicant Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide information requested in Part B of this form to The ACBF Public Interest Law Fellowship Program. I also authorize The ACBF Public Interest Law Fellowship Program to contact my employer regarding my employment information.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Part B: To be completed by the employer.**

The PILFP applicant named above has applied to The ACBF Public Interest Law Fellowship Program. The application requires certification from the employer of the applicant's employment status and salary. Please complete the following and return this form to the employee named above.

Employment start date: \_\_\_\_\_ Employee's current title: \_\_\_\_\_

Employee's current annual salary: \$ \_\_\_\_\_ (Gross)

Employer provided benefits in addition to salary (i.e., student loan repayment assistance, housing, bonuses, etc.) available to the employee: \$ \_\_\_\_\_ (per year)

When was the employee's most recent salary/cost-of-living increase? \_\_\_\_\_

When is employee's next salary/cost-of-living increase expected? \_\_\_\_\_

\_\_\_\_\_  
**I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
(Employer's Signature) (Printed Name & Title) (Date)

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address) (Phone Number)

**ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION**  
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**INCOME INFORMATION WORKSHEET**

Applicant's Name: _____
Pennsylvania Bar Number: _____
Law School(s) Attended: _____
Law School Graduation Date: _____
Date of Admission to Pennsylvania Bar: _____
Single _____ Married _____

Please report estimated income for the period of January 1 through December 31. If you are married, your spouse's income must be reported. A copy of your and your spouse's 2010 income tax return, along with any applicable IRS Schedules must be attached to this form.

	<b>Applicant</b>	<b>Spouse</b>
<b>Wages and Salaries</b>		
<b>Total Interest Income (if more than \$500)</b>		
<b>Total Dividend Income (if more than \$500)</b>		
<b>Business Income</b>		
<b>Alimony/Child Support Received</b>		
<b>Unemployment Compensation</b>		
<b>Rental Income</b>		
<b>Trust Fund Income</b>		
<b>Other Income- Specify Below</b>		
<b>TOTAL</b>		

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LOAN INDEBTEDNESS WORKSHEET

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

Pennsylvania Bar Number: \_\_\_\_\_

Have you previously received financial aid for undergraduate/graduate education? Yes \_\_\_ No \_\_\_\_\_

If so, please the following:

Amount Received in Subsidized Loans \_\_\_\_\_

Amount Received in Unsubsidized Loans \_\_\_\_\_

Amount Received in Grants \_\_\_\_\_

Amount Received in Scholarships \_\_\_\_\_

**Total Outstanding Undergraduate Loan Debt** \_\_\_\_\_

Are undergraduate loans currently on deferment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously received financial aid for law school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please the following:

Amount Received in Subsidized Loans \_\_\_\_\_

Amount Received in Unsubsidized Loans \_\_\_\_\_

Amount Received in Grants \_\_\_\_\_

Amount Received in Scholarships \_\_\_\_\_

**Total Outstanding Law School Loan Debt** \_\_\_\_\_

Are law school loans currently on deferment? Yes \_\_\_\_\_ No \_\_\_\_\_

**Total Amount Due**

*Law School Need-based:* \_\_\_\_\_

*Law School Non-need Based:* \_\_\_\_\_

*Undergraduate:* \_\_\_\_\_

*Annual Payment:* \_\_\_\_\_



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**ASSET WORKSHEET**

Applicant Name: _____
Pennsylvania Bar Number: _____

<b>Assets</b>	<b>Applicant</b>	<b>Spouse</b>
Cash and Bank Accounts		
Home Equity		
Other Real Estate and Investment Equity		
Trust or Inheritance		
Other Assets (Automobiles & household goods should not be included)		
<b>Totals</b>	\$	\$

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REPAYMENT AGREEMENT

**This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your application for 2011.**

I, \_\_\_\_\_, understand that receipt of the PILFP Stipend is contingent upon the eligibility requirements stated in Section III of the PILFP Overview. The award will be distributed in three payments spread out evenly over the award year, with the first payment to be made immediately upon determination of Recipients by the program. Thus, I will receive the award in advance of the required time period of service. If I fail to meet one or more of the stated requirements in Section III of the PILFP Overview at any time, I promise to return any amounts paid to me in advance pro-rated from the time of my non-compliance to the next payment date. I will not receive any further payments from the program after that time. If I fail to be employed on a full-time basis at one of the ACBA recognized public service organizations for an additional year, the Stipend must be returned in full to the Allegheny County Bar Foundation.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Name) (Seal)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
Notarial Seal

ALLEGHENY COUNTY BAR ASSOCIATION/ALLEGHENY COUNTY BAR FOUNDATION  
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ACKNOWLEDGMENT OF DUTY TO REPORT CHANGES

**This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your application for 2011.**

I, \_\_\_\_\_, promise to report promptly any material changes in my financial status to The ACBF Public Interest Law Fellowship Program Coordinator.

Material changes are measured in relation to what you reported in your most recent application. Such changes could include marriage, changes in the salary or assets of you or your spouse, or any other material change that would affect the amount of assistance for which you would be eligible under this program.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_(Seal)  
(Name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
Notarial Seal

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VERIFICATION OF SPECIAL CONDITIONS

**This form must be notarized and returned with your application. Failure to return this form will delay or stop the processing of your application for 2011.**

I, \_\_\_\_\_, verify that I am not an elected state official or an employee of the Department of Community & Economic Development (DCED) or a member of such elected state official or DCED employee's immediate family (parent, spouse, domestic partner, child, brother or sister, daughter-in-law or son-in-law, or grandchild), or any entity in which any such person shall have an ownership interest of 5% or greater, or in which entity such person shall have a controlling interest, has received or will receive a direct or indirect pecuniary benefit from the PILFP Grant.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_(Seal)  
(Name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
Notarial Seal

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**SPOUSE EMPLOYMENT CERTIFICATION**

**Part A: To be completed by applicant's spouse.** (Please duplicate for each employer.)

PILFP Applicant Name: \_\_\_\_\_ Pennsylvania Bar Number \_\_\_\_\_

PILFP Applicant Spouse's Name: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to provide information requested in Part B of this form to The ACBF Public Interest Law Fellowship Program. I also authorize The ACBF Public Interest Law Fellowship Program to contact my employer regarding my employment information.

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

**Part B: To be completed by the employer.**

The PILFP applicant named above has applied to the ACBF Public Interest Law Fellowship Program (PILFP). The application requires certification of the employment status and salary from the employer of the applicant's spouse. Please complete the following and return this form to the employee named above.

Employment start date: \_\_\_\_\_ Employee's current title: \_\_\_\_\_

Employee's current annual salary: \$ \_\_\_\_\_ (Gross)

Employer provided benefits in addition to salary (i.e., student loan repayment assistance, housing, bonuses, etc.) available to the employee: \$ \_\_\_\_\_ (per year)

When was the employee's most recent salary/cost-of-living increase? \_\_\_\_\_

When is employee's next salary/cost-of-living increase expected? \_\_\_\_\_

\_\_\_\_\_  
**I hereby certify that all of the information presented in this form is true and complete to the best of my knowledge.**

\_\_\_\_\_  
(Employer's Signature) (Printed Name & Title) (Date)

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address) (Phone Number)