

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 August 16, 2010. 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 of the Foundation
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)

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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 2009 income tax return, along with any applicable IRS Schedules must be attached to this form.

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

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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: _____

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

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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 2010.

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

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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 2010.

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____.

(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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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 2010.

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)