

APPLICATION FOR KACDL FULL TUITION SCHOLARSHIP TO NCDC

Name _____

Address _____

Phone # _____

E-Mail Address _____

How long have you been a member of KACDL? _____

How have you been involved with KACDL? _____

What kind of law practice do you have? _____

What percent of your practice involves defending citizens who have been accused of a crime? _____

What experience do you have with criminal defense? _____

Have you been a public defender, and if so, for how long? _____

Why do you want to go to NCDC? _____

What do you hope to gain professionally from going to NCDC? _____

You may supplement this application with letters in support. Please attach any letters of support to this application.

*Scholarship covers full tuition only, recipient is responsible for travel and accommodation costs associated with the program.

**Recipient of Scholarship agrees to the following:

1. Recipient will assist the Education Committee in a future KACDL Sponsored Seminar
2. Recipient will submit an article describing the benefits of the program for the KACDL Newsletter

Please send this application to Donna Brown, KACDL Executive Director, P.O. Box 326
Hebron, Kentucky 41048 no later than March 1.

