



**FEDERAL CLAIMS
BAR ASSOCIATION**

SCHOLARSHIP REQUEST FORM

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|---|--|
| Name | |
| Email Address | |
| Phone Number | |
| Work Affiliation (law firm, government agency, etc.) | |
| Event for which you are seeking a scholarship | |
| Scholarship amount requested | |
| Please provide an explanation as to the reason for your scholarship request | |
| Please explain your interest in attending this program | |
| Have you previously applied for a Court of Federal Claims Bar Association scholarship? If yes, please identify the event and the amount you received | |

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|--|--|
| Please list all Court of Federal Claims Bar Association events that you have attended in the past 2 years | |
| Please provide any additional information you believe is relevant to your application | |

Please complete all fields above and return via email to sandy@cfcbbar.org.