



ACLEA Meeting Scholarship Application

Enter information directly on this form; highlighted fields will expand as you type.

Name: _____

Organization: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Phone: _____ E-mail address: _____

ACLEA meeting for which you seek scholarship assistance: _____

Narrative statement of need [Please explain, with as much detail as possible, the financial circumstances that justify a scholarship]: _____

How will attending this ACLEA meeting benefit you in your performance of CLE duties?

Any additional information you feel is relevant to your application [e.g.: past ACLEA meetings attended, size of your CLE employer.] _____

Date: _____ Applicant's Signature _____

Send this completed application to:
Laurie Krueger, Executive Director
ACLEA
1000 Westgate Drive, Ste 252
St. Paul, MN 55114
Fax: 651.290.2266; e-mail: aclea@aclea.net