

## Application for Scholarship Funding – Indigent Defense Training

<b>Name</b>	
<b>Organization/Office</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone Number/Email</b>	

1a) Which of the following options best describes you?

- County Public Defender     
  Contract Public Defender     
  Conflict Public Defender  
 Investigator     
  Other (Please Describe): \_\_\_\_\_

1b) Approximately what percentage of your practice is indigent criminal defense, if not 100%?

- Less than half     
  50 to 75%     
  More than 75%

2) What program are you requesting funding to attend?

<b>Organization Name</b>	
<b>Course Name</b>	
<b>Date and Location</b>	

Does the organization provide scholarships for attendees?     Yes       No

If yes, have you applied for a scholarship?       Yes       No

If **yes**, please indicate whether you were approved and how much funding will be provided.  
If **no**, please explain why you have not applied.

3) Are you requesting travel assistance? If yes, please provide travel cost estimates.

Yes       No      Flight/Mileage estimate: \_\_\_\_\_ Hotel estimate: \_\_\_\_\_

4) If you are requesting travel assistance but are not granted travel assistance or only granted partial travel assistance, do you still wish to be considered for scholarship assistance with registration fees?

Yes       No

If you are not employed by an institutionalized public defender office, include years of criminal defense practice/experience and the types of cases you currently handle.

What previous training, if any, have you had on the topics covered in this program? Please include sponsoring entity and approximate date of training.

Briefly describe your reasons for wanting to attend the program.

Please include a brief statement regarding financial need addressing the following: Your office's ability (or inability) to pay for all or part of your travel expenses.

Are you willing and able to pass on the knowledge that you gain to other indigent defense providers? If so, please briefly describe your plans to do so.

**Defending Attorneys Only:**

I certify that I am an active member of the Idaho State Bar in good standing. My Bar number is: \_\_\_\_\_.

<b>FOR PDC USE ONLY</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Decision Date:	
_____ Kathleen Elliott, Executive Director	