WEBSTER-BATCHELDER INN OF COURT

CRANDLEMIRE INN OF COURT SCHOLARSHIP APPLICATION

NOTE: Attached to this Application you will find the criteria which have been adopted by the Webster-Batchelder Inn of Court regarding the Crandlemire Scholarship Application. Should you have any questions feel free to contact a member of the Scholarship Committee.

Name: _____ NHBA Bar #_____

Address: _____ Telephone #_____

_____ Email: _____

NH Bar Admission Date: _____

Employer: _____

Number of Years with Current Employer: _____

Previous Participation in Inns of Court: _____

_____

Note: Financial need will be a consideration for this Scholarship but it is not a critical factor.

Will your Employer pay for a portion of your Inn membership? _____

If so, how much? _____

Does your household income exceed:

$60,000 if an individual: _____

$100,000 if married/partner: _____

1. Please state how you believe the eligibility criteria adopted for the Crandlemire Inn of Court Scholarship apply to you. (*Attach additional pages if necessary*):

_____

_____

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2. Please explain why you believe you will benefit from your participation in the Inn of Court. Include why you are interested in the Inn of Court Program and what you hope to gain from the experience.

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3. Please explain how you believe our Inn will benefit from your membership and participation:

_____

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Dated: _____ Signed: _____