Dues Scholarship Application

Leo A. Deegan Inn of Court: September 2018 – May 2019 Program Year

| Name: |
|---|
| Position and Employer: |
| Work Address: |
| Work Phone Number: Alternative Phone Number: |
| Email Address: |
| Years in Practice: Primary Area of Practice: |
| Please explain your reason for requesting a Dues Scholarship. (You may attach an explanatory page if you wish.) |
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| Does, or will, your employer pay any portion of your Inns of Court Dues or Dinner fees? Yes No |
| If so, how much do they contribute? \$ |

Please return this application by JULY 20, 2018 to:

Leo A. Deegan Inn of Court Attention Sherri Gomez, Executive Director 5198 Arlington Avenue #181 Riverside, CA 92504

Or via email to: sherrigomez4@gmail.com

Telephone: (951) 689-1910