

The Oklahoma Bar Association (OBA) Financial Hardship Policy

This Policy Relates to Full or Partial Fee Waivers for OBA/CLE Sponsored Continuing Legal Education Programs

Terms and Conditions:

The Oklahoma Bar Association through OBA/CLE is committed to providing continuing legal education programs at an affordable price to its members. Program registrants who are unable to afford seminar course fees due to financial hardship may complete an application for a complete waiver or reduced fee.

To apply for consideration of a particular program, please complete both pages of this form, sign it, and submit it to our office at least three (3) weeks prior to the program date. Waivers and reduced fees **will not** be awarded at the door on the date of the program. Financial aid shall be capped once a member has obtained twelve (12) MCLE hours of credit in one reporting period.

The determination of whether a member is eligible for a reduced or waived fee will be made on a case-by-case basis based upon factors including professional relevance, **financial** need and the space available for the seminar. If you have any questions about the application process, please contact our office.

All the information in this application will be treated confidentially. Although OBA/CLE may publicize the fact that waivers and reduced fees have been awarded, the identities of applicants shall remain confidential.

Name

Firm/Employer

Mailing Address

City

State

Zip

Phone

Fax

Email:

OBA Bar Number

Number of years in practice

Practice areas:

Title of program for which you seek assistance:

Date of program for which you seek assistance:

Location of program for which you seek assistance:

Indicate amount you are able to pay toward the program fee:

\$

Have you applied to OBA/CLE for financial hardship consideration in the last 12 months? Yes No

If so, list the name of the program(s) and date(s): _____

Statement of Need: *(briefly describe your current situation and why you need a fee waiver or reduction in fees at this time)*

Other information in support of this application: *(please include why you are interested in this particular program or the relevance of this seminar to your practice)*

Number of MCLE hours you currently have for this reporting period:

I understand the basis for reduced fee or waiver is financial need. I hereby make application to OBA/CLE based on my inability to pay the cost to attend this program. I swear or affirm that the information given is to the best of my knowledge, accurate and complete.

Signature of Applicant: _____

Date: _____

**THIS APPLICATION MUST BE SUBMITTED
AT LEAST THREE (3) WEEKS PRIOR TO THE PROGRAM**

Please forward all applications to: Susan Damron
Director of Educational Programs
Oklahoma Bar Association
P. O. Box 53036
Oklahoma City, OK 73152
Telephone: (405) 416-7028
Fax: (405) 416-7092
Email: susand@okbar.org

FOR OFFICE USE ONLY:

Date Received: _____ Regular Registration Fee: \$ _____

Program Code: _____

Assistance Granted: \$ _____ Fee Due: \$ _____

Reviewed and Approved by: _____ Date: _____

Reason Assistance Denied: _____