



<http://www.wcba.rockford.org>

**Winnebago County Bar Association
Application for CLE Grant**

Date: _____

Name: _____ **ARDC#** _____

Address: _____

Phone Number: _____ **Email Address:** _____

Title of CLE Seminar: _____

Program Date: _____

Registration Fee: _____

By signing the application, the attorney applying for the grant to subsidize CLE registration for the identified CLE program attests:

1. I certify paying the full cost of the above CLE would be a serious financial hardship.
2. I have not received previous CLE grants in excess of \$250.00 in this fiscal year (July 1 to June 30).

Signature of Applicant _____

Please return this form at least 14 days prior to the CLE program to:

**Holly Nash, Executive Director
Winnebago County Bar Association
321 W. State Street Suite 300
Rockford, IL 61101**