

## FLORIDA BAR PREPARATION PROGRAM ~ *Guidelines*



The Florida Bar Preparation Program pays standard BARBRI Bar review course tuition on behalf of selected minority law school graduates with demonstrated financial need who adhere to Program guidelines and requirements. The Florida Bar Foundation provides support to this Program, as does BARBRI *via* in-kind contribution. Due to the nature of the support and contributions funding the Program, in no event can or will payments under the Program be made directly to any person or entity other than BARBRI.

**PURPOSE:** The Florida Bar Preparation Program is designed to address the underrepresentation of historically disadvantaged minority attorneys practicing law in the State of Florida. The Program seeks to do so by helping to increase the number of historically disadvantaged minority law school graduates who pass the Florida Bar Examination.

**WHO MAY APPLY:** An applicant must be a U. S. citizen and a Florida resident who is a first-time registrant to take the Florida Bar Examination and a member of a historically disadvantaged minority group that is underrepresented in the membership of the Florida Bar.

**APPLICATION DEADLINE:** Applications must be received no later than 5:00 p.m. on October 17, 2008.

**GENERAL ELIGIBILITY:** Scholarships will be awarded on the bases of need and merit to eligible applicants who intend to take the February 2009 Florida Bar Examination and practice law in Florida.

### APPLICATION PROCEDURE:

- A. Read the Program guidelines and all Program forms carefully and adhere to the deadline indicated. Applications and supporting materials received after the deadline will not be considered.
- B. Do not send resumes or vitas in lieu of filling in all information required in the application. Send originals only. No fax copies of any application materials will be accepted.
- C. Secure an official transcript from the law school you attend or attended. It may take two weeks or more for transcript requests to be processed. Please allow yourself ample time to complete this step. The FEF will not consider an application without an official law school transcript.
- D. Complete and submit the Program application and all required forms and documents. A complete application consists of:
  - i. Application form
  - ii. Official law school transcript
  - iii. Statement of Need
  - iv. Most recent IRS 1040 form for applicant and spouse
  - v. Florida Residency Affidavit
- E. Submit completed applications for receipt by October 17, 2008, to:

Florida Education Fund  
Florida Bar Preparation Program  
201 E. Kennedy Blvd., Suite 1525  
Tampa, FL 33602-5828

For further information, please call the Florida Education Fund at (813) 272-2772.

## **FLORIDA BAR PREPARATION PROGRAM ~ *Guidelines* (cont.)**

### **PARTICIPATION REQUIREMENTS:**

- A. Selected Program recipients will be notified by e-mail and must submit all required releases to confirm acceptance of the Scholarship in writing by November 7, 2008.
- B. Each selected recipient must provide a signed release for the FEF to obtain certification from his or her law school that he or she is eligible to graduate or graduated from an accredited law school with a minimum law school GPA of 2.0.
- C. Each selected recipient must provide a signed release for the FEF to obtain certification from the Florida Board of Bar Examiners that he or she is registered for and scheduled to take the Florida Bar Examination and is a first-time applicant to take the Florida Bar Examination. The recipient must be registered to sit for the February 2009 Florida Bar Examination by November 15, 2008.
- D. Each selected recipient must provide a signed release for the FEF to obtain from the Florida Board of Bar Examiners his or her results from the Florida Bar Examination.
- E. Each selected recipient must actively participate in BARBRI's last regularly scheduled Bar Examination review course prior to the February 2009 Florida Bar Examination.
- F. Each selected recipient must complete the Florida Bar Preparation Program Evaluation Questionnaire and mail it to the FEF after the Bar Examination for receipt by March 10, 2009.

### **PROGRAM RULES AND INFORMATION:**

- A. The FEF will enroll recipients in BARBRI Bar review courses and pay course fees to BARBRI.
- B. The FEF will disburse funds on a recipient's behalf only after the recipient has been certified as: (1) having graduated from an accredited law school and (2) having registered to take the Bar Examination in February 2009 by the Florida Board of Bar Examiners.
- C. Recipients must promptly advise the FEF of any circumstances affecting their ability to take the Florida Bar Examination or the review course for which they have been registered by the FEF. In the event a recipient voluntarily withdraws from taking the Florida Bar Examination or review course, he or she must return to the FEF the full Scholarship amount paid to BARBRI on his or her behalf within one month from the date of withdrawal.
- D. If a recipient fails to comply with the Florida Bar Preparation Program Guidelines, the FEF may seek any remedy permitted by law.

# FLORIDA BAR PREPARATION PROGRAM

## Application

**APPLICATION DEADLINE:** *The application must be received by the Florida Education Fund no later than October 17, 2008.* Please type or print legibly.

### I. PERSONAL

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

Nation of Citizenship: \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

### II. ETHNIC/RACIAL BACKGROUND

African American  Asian/Pacific Islander

Hispanic  Native American/Native Alaskan

Caucasian  Other, please specify: \_\_\_\_\_

### III. EDUCATION

**Please attach an official copy of your law school academic transcript.**

Law School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Time Student?  Yes  No Expected Graduation Date: \_\_\_\_\_

Law School GPA: \_\_\_\_\_ Law School Class Rank: \_\_\_\_\_ LSAT Score: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ Undergraduate GPA: \_\_\_\_\_

Number of hours worked per week while attending law school \_\_\_\_\_

1<sup>ST</sup> Year: \_\_\_\_\_ 2<sup>ND</sup> Year: \_\_\_\_\_ 3<sup>RD</sup> Year: \_\_\_\_\_ 4<sup>TH</sup> Year: \_\_\_\_\_

### IV. EMPLOYMENT

Current Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

**V. FAMILY**

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_ Names and Ages: \_\_\_\_\_

**VI. PERSONAL REFERENCE**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**VII. OTHER**

Have you accepted an offer of employment that will begin after the Bar Exam?  Yes  No  
Name of Future Employer: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Will you receive funding/assistance to pay Bar review course fees from any other source?  Yes  No  
If so, indicate source: \_\_\_\_\_

**VIII. FINANCIAL**

- A. Please provide a one page, typed Statement of Need, explaining how and why the Scholarship will assist you and any special circumstances the FEF should be aware of when reviewing this financial information.
- B. Please attach the most recent IRS 1040 form for you and your spouse.
- C. Asset information:

Checking Account Balance: \$ \_\_\_\_\_ Savings Account Balance: \$ \_\_\_\_\_  
Home Value: \$ \_\_\_\_\_ Home Debt: \$ \_\_\_\_\_  
Other Real Estate Value: \$ \_\_\_\_\_ Value of Other Investments: \$ \_\_\_\_\_

**D. Please have the financial aid office at your school complete the following information.**

Name of Law School: \_\_\_\_\_

Student's Expected Graduation date (month/day/year): \_\_\_\_\_

Please Indicate the Student's Educational Debts:

| <i>Loan Type</i> | <i>Undergraduate Loan Debt</i> | <i>Law School Loan Debt</i> | <i>Total Unpaid Balance</i> |
|------------------|--------------------------------|-----------------------------|-----------------------------|
| Stafford         | \$                             | \$                          | \$                          |
| Grad PLUS        | \$                             | \$                          | \$                          |
| Perkins          | \$                             | \$                          | \$                          |
| All Other        | \$                             | \$                          | \$                          |
| Total            | \$                             | \$                          | \$                          |

For the Student's last year in law school, please provide the following:

Law School Budget: \$

Expected Family Contribution: \$

Gross Financial Need: \$

Amount of Loans Received: \$

Information Completed By (name and title): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***TO BE COMPLETED BY THE SCHOLARSHIP APPLICANT***

I certify that I am a U.S. citizen and a Florida resident as indicated on the attached Florida Residency Affidavit and that I intend to take the February 2009 Florida Bar Examination and practice law immediately in Florida upon being licensed. I certify that I will actively participate in BARBRI's last regularly scheduled Bar Examination review course prior to the February 2009 Florida Bar Examination.

Finally, I certify that to the best of my knowledge the information I have provided is accurate and complete. I understand that failure to provide accurate and complete information and the required forms and documents may result in denial of my application or nullification of my award. This application, whether approved, denied or withdrawn, is public record and shall remain the property of the Florida Education Fund. I acknowledge that I have read, understand and will abide by the Florida Bar Preparation Program Guidelines.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# FLORIDA BAR PREPARATION PROGRAM

## *Florida Residency Affidavit*

*This form must be completed in full to verify Florida residency.*

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- Attach copies of documentation required (if any).
- A notarized copy of your and/or your parents' most recent tax return or other documentation **may** be requested to establish dependence/independence.

**Dependent:** A person for whom 50% or more of his/her support has been provided by another as defined by the Internal Revenue Service.

**Independent:** A person who provides more than 50% of his/her own support.

- A copy of the marriage certificate is required in all cases of a spouse claiming a partner's residency.

- **Check the category below under which you qualify as a Florida resident:**

- A.** I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- B.** I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C.** I am a **dependent person** who has resided for **five years** with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months. (**Required:** copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- D.** I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (**Required:** copy of marriage certificate, claimant's voter registration, driver's license and vehicle registration.)
- E.** I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile **less than 12 months ago** and am now reestablishing Florida legal residence.
- F.** I am a **member of the armed services** of the United States stationed in Florida on active military duty pursuant to military orders, my home of record is Florida, or I am a **member's spouse or dependent child**. (**Required:** copy of military orders or DD2058 showing home of record.)
- G.** I am a full-time instructional or administrative employee **employed by a Florida public school, community college or institution of higher education** or I am the **employee's spouse or dependent child**. (**Required:** copy of employment verification.)
- H.** I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the FSU Panama Canal Branch or I am the student's spouse or dependent child. (**Required:** copy of marriage certificate or proof of dependency.)
- I.** I am a **Southern Regional Education Board's Academic Common Market** graduate student. (**Required:** certification letter from State Coordinator.)
- J.** I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- K.** I am a **McKnight Fellowship** recipient. (**Required:** verification from Graduate Studies.)
- L.** I am an **active member of the Florida National Guard** who qualifies under s.250.10 (7) and (8) for the tuition assistance program.
- M.** I am part of the **Latin American/Caribbean Scholarship Program**. (**Required:** copy of scholarship papers.)
- N.** I am an **active duty member (or spouse of a member) of the Armed Services** of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such an establishment is within a county contiguous to Florida.
- O.** I am an **active duty member (or the spouse or dependent child of a member) of the Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is stationed.

