



BETTE WINIK MCLC INTRODUCTORY TRAINING SCHOLARSHIP APPLICATION

APPLICANT CONTACT INFORMATION

Employer/Firm/Practice Name: _____

Street Address: _____

Street Address Line 2: _____

City: _____ State: _____ Postal Code: _____

Telephone Number: _____

Email (please print): _____

PROFESSION (Check all that apply)

Family Law Attorney

Business Law Attorney

Family Law Coach/Facilitator

Business Coach/Facilitator

Child Specialist

Financial Neutral

Neutral Expert

LENGTH OF TIME IN PRACTICE

How long have you been in practice? _____ years

INCOME

What was your gross INDIVIDUAL income for the prior calendar year?

\$0- \$75,000 \$75,001 - \$125,000 \$125,001 - \$200,000 Over \$200,000

What was your gross HOUSEHOLD income for the prior calendar year?

\$0- \$75,000 \$75,001 - \$125,000 \$125,001 - \$200,000 Over \$200,000

How will this training/conference add value to your collaborative practice?

Are there any special circumstances you would like us to consider with regard to awarding scholarship funds to you?

Yes, what are they?

No

MCLC does not discriminate on the basis of race, color, religion, gender, gender expression, age, disability, marital status or sexual orientation.

THANK YOU!