



# APPLICATION

First Name

Last Name

Middle Name or Initial

Employer

Position

Please enter your Business Address below:

Street/Suite

City

State

Zip Code

Business Phone

Preferred E-Mail address

Year of first bar admission

Are you currently a member of the Cincinnati Bar Association?

Yes

No

What is your area of practice?

## Tuition Options

A limited amount of scholarship money is available. If accepted in the Cincinnati Academy of Leadership for Lawyers program, will you find it necessary to seek scholarship assistance toward the tuition fee, and if so, how much?

Yes Amount Needed \$ \_\_\_\_\_

No

**Please attach your resume and return to Kate Lawrence at [klawrence@cincybar.org](mailto:klawrence@cincybar.org)**



**Cincinnati Bar**  
ASSOCIATION