

APPLICATION FOR INDIVIDUAL FINANCIAL ASSISTANCE

Please submit to: Onondaga County Bar Foundation, Inc.
c/o Onondaga County Bar Association
431 E. Fayette St., Suite 300
Syracuse, NY 13202
(315) 471-2667 fax: (315) 471-0705
junaitis@onbar.gov

1. Name of applicant: _____
2. Address: _____

3. Telephone: _____ FAX: _____
Email: _____
4. Please indicate if you are an attorney and if so list your full name, if you are not an attorney, please provide the name of the attorney you are related to and the nature of your relationship: _____

5. Provide a brief description of the circumstances that gave rise to your need for financial assistance: _____

6. Indicate the amount of financial assistance requested:

7. Please provide a list of how the funds are to be used. You may attach any documentation that you think the committee should consider: _____

8. Indicate if this request is in relation to a time sensitive matter and, if so, please provide the deadline you are attempting to meet: _____

Signature

Date

This application will be submitted to the Onondaga County Bar Foundation's Grant Committee for review. Upon receipt and ample time to review the information, a member of the Grant Committee will contact you directly to discuss your needs and how the Foundation may be able to assist you. Our goal is to address your application in a fair and timely manner and to provide aid to our legal community as the need arises. The ability to grant your request may depend on the availability of funds and the number of other requests received. The information that you provide to the Onondaga County Bar Foundation's Grant Committee is strictly confidential and will only be accessed or reviewed by the members of the Committee or the members of the Foundation Board. Said information will not be released or shared with any other entity without specific authorization from the applicant.