



Federal Judges Secretaries Association

**FEDERAL JUDGES SECRETARIES ASSOCIATION
SCHOLARSHIP PROGRAM
APPLICATION FORM**

The FJSA Scholarship Program was established to enable members in good standing to pursue their educational goals and professional development by taking courses and attending seminars and workshops to provide additional knowledge and skills to enhance job performance.

PLEASE TYPE OR PRINT:

Name: _____ SSN# _____
(Last) (First) (M.I.)

Name of Judicial Officer: _____

Court Address: _____

Phone: () _____ Fax: () _____

e-mail address: _____

FJSA Membership: [] Yes [] No

How long have you been a member of FJSA/FMJSA? _____

Number of conferences attended: _____

EDUCATIONAL BACKGROUND:

School _____ Dates attended: _____

Highest Degree: _____

Scholarship to be used for: [] Course(s) [] Seminar(s)/Workshop(s)

Course/Seminar/Workshop Title(s): _____

Educational Institution or Agency: _____

Length of Program(s): _____ Credit Hours (if applicable): _____

Cost of Program(s): _____

Brief Description of Program(s): _____

I have served FJSA/FMJSA in the following ways: _____

Are you eligible for or receiving other training or educational funds? [] Yes [] No

If yes, to what extent: _____

Why are you applying for this scholarship, and why is it important that you receive this award? (Use extra pages if necessary)

Have you ever received a FJSA/FMJSA scholarship before? [] Yes [] No

If yes, when and for what courses or program(s)?

Is your Judge aware of your intent to take this course/program and does he/she approve?

By applying for this scholarship, I agree that my name will be published in the FJSA Newsletter, *In Brief*, and will be provided to members at the annual meeting. I also understand and agree that if I receive a scholarship, I will write a brief article for the FJSA Newsletter, *In Brief*, describing the course content and the value of the education program. I further understand and agree I must provide proof of successful completion of the course/program and that I will return the funds to the Scholarship Program if I do not successfully complete the program.

DATE: _____

Signature

THE DEADLINES FOR RECEIPT OF APPLICATIONS IS MAY 31st or AUGUST 31st

Send applications to:

Chair, FJSA Professional Development & Continuing Education Committee
Hope Taormina
c/o Hon. Daniel E. Knowles, III
500 Poydras Street, Room B335
New Orleans, LA 70130