

CALL

CINCINNATI ACADEMY OF LEADERSHIP FOR LAWYERS

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?

Optional Information:

This information is helpful in achieving a complete representation of the attorneys throughout Greater Cincinnati.

Age

Race

Gender

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



Cincinnati Bar
ASSOCIATION