



AMERICAN INDIAN LAW CENTER, INC.

P.O. BOX 4456
ALBUQUERQUE, NEW MEXICO 87196

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PLSI Bar Review Course Reimbursement Application

Eligibility - All PLSI alumni who have taken or will take a bar review course in 2017 or 2018, and have not been fully funded for the course are eligible for reimbursement of 75% of their bar review course cost up to a maximum of \$2,500. If a student has received a partial scholarship, grant, or tuition remission for the cost of the course for which they are applying, they are only eligible for reimbursement of the uncovered portion of the cost.

Name: _____ PLSI Year: _____

Address: _____

City, State ZIP: _____

E-Mail Address: _____

Cell Phone: _____ Work Phone: _____

Law School: _____ Graduation Year: _____

1. Bar examination state _____ UBE Exam: Y / N Anticipated Bar examination date: _____
2. Name of bar review course(s): _____
3. I (circle one) will be, or was employed while studying for the bar exam: Y / N # of hrs. per week: _____
4. Did you receive a scholarship, grant, or tuition reduction for the purpose of paying for this bar review course? (NOTE: select "yes" if award could only be used to pay for this bar review course. If it could be used for other purposes such as your bar application fees, living expenses, etc., select "No.") Yes _____ No _____
 - If yes, please indicate name of donor(s) and amount(s) received: _____
5. Have you previously taken a state bar examination? Y / N
 - If yes, please indicate the state(s) and mo./yr. of the exam(s) _____ Pass: Y / N
Scores: _____
6. Have you previously received PLSI Bar Review Course Reimbursement funding? Y / N If yes, date(s): _____
7. I was employed while studying for the previous bar exam(s): Y / N; If yes, I worked _____ hrs./week while studying.
8. Have you previously taken a bar review course? Y / N If yes, course name(s) & dates: _____
9. **Do you want an attorney coach to work with you in conjunction with your preparation? Yes ___ No ___**

Certification and Acknowledgment of Responsibility

I certify that to the best of my knowledge the information contained in this application is true. I understand that any misrepresentation of facts on this application and attachments could be cause for a misconduct investigation. I also certify that by accepting a bar review reimbursement from the American Indian Law Center, Inc. (AILC), **I will provide the results of the bar examination, including scores, to the AILC within thirty (30) days of receiving the results.** I authorize the AILC to contact my tribe and/or law school, if necessary, to verify my information. If I indicated that I want an attorney coach, I authorize the AILC to provide my contact information to the attorney coach selected.

Applicant's Signature

Date

For Internal Use Only: Amount Approved: \$ _____ Date: _____ By: _____

Funding Source: BIE PLSI Private