

If yes, how much? _____

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

2. Have you ever received an FCCA scholarship or tuition assistance before?
[] Yes [] No

If yes, when and for what courses, or conferences? (List all awards) _____

3. If awarded a scholarship or tuition assistance, do you agree to remain with the federal judiciary for a period of two years following the completion of your course?
[] Yes [] No

If so, do you further agree that if you voluntarily leave the courts' employ before the end of the two-year period, you will refund one-half of the scholarship award to the FCCA?
[] Yes [] No

4. If awarded a scholarship or tuition assistance, upon completion of the course(s), would you be willing to provide a report to the committee, and to write a brief article for the FCCA Journal describing the course content and the value of the educational program.
[] Yes [] No

YOU MAY ATTACH A LETTER OF RECOMMENDATION TO THIS APPLICATION IF YOU WISH.

Signature

Date

THE DEADLINE FOR SUBMISSION OF APPLICATIONS IS APRIL 15TH.

Submit Applications to: Ian Keye
U.S. District Court, Northern District of California
Philip Burton U.S. Courthouse - Box 36060
450 Golden Gate Ave.
San Francisco, CA. 94102-3489
PH: 415-522-2003
FAX: 415-522-2176
E-mail: ian_keye@cand.uscourts.gov

FEDERAL COURT CLERKS ASSOCIATION
CAROL C. FITZGERALD SCHOLARSHIP PROGRAM
CONTINUING EMPLOYMENT AGREEMENT

I, _____, hereby agree to continued employment for a period of two (2) years following the completion date of the course(s) or conference for which I received a scholarship award or tuition assistance from the Federal Court Clerks Association (FCCA) on _____ in the amount of \$_____.

I further agree that should I voluntarily leave the employ of the United States Courts before expiration of the two-year period, I will repay the FCCA Scholarship Program the amount of the scholarship awarded me.

NAME

DATE

FOR FCCA USE ONLY

Amount of Scholarship: \$_____ Date Awarded: _____

Completion of Course(s) or Conference Date: _____

Two-Year Period to Expire: _____

Chair, Professional Development Committee