OSGOODE HALL LAW SCHOOL PROFESSIONAL DEVELOPMENT

YORK UNIVERSITÉ UNIVERSITY

Email Form

Financial Assistance Application Form

Program Name: _____ Program Date: _____

Applicant's Name: _____ Title/Position: _____

Practice Area/Specialization: _____

Firm/Organization: _____

Mailing Address: _____

City/Prov./Postal: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

* Income Range (mandatory) – You must check **one** box:

☐ Under $20,000 ☐ $20,000 - $39,999 ☐ $40,000 - $49,999 ☐ $50,000-$74,999
☐ $75,000-$84,999 ☐ $85,000-$99,999 ☐ $100,000 and above

Please indicate your circumstances for requesting financial assistance below:
(NOTE: Should you require additional space, please attached a Microsoft Word Document).

Note: any awarded financial assistance will be provided in the form of a discount on the registration fee for the program.