

GRANT APPLICATION
Dayton Bar Association - Herbert M. Eikenbary Trust

Name _____

Date of Birth: _____

Business Address: _____

Telephone _____

Home Address: _____

Telephone _____

1. When were you admitted to the practice of law in Ohio? _____
How long have you practiced in Montgomery County? _____
What percentage of your practice is in Montgomery County? _____

2. Please list names, addresses and telephone numbers of three character references, including at least one Montgomery County attorney:

a. _____
b. _____
c. _____

3. Have there ever been any ethics complaints filed against you? _____ Yes No

If yes, please state the general nature of the complaint(s), the approximate date(s), disposition and with whom the complaint(s) were filed. _____

4. Please describe briefly (1) the purpose of the grant; (2) how the grant will aid you in your law practice and (3) how you presently are experiencing the need for financial assistance. _____

5. Have you previously received a Grant or Loan from this fund? _____ If yes, when and how much?
Date: _____ Amount: _____

I hereby certify that the foregoing information is true and apply for a grant in the amount of \$ _____
(The maximum grant is \$2,000.00)

Applicant's Signature

Date

Approved by: _____ Date: _____