



**UTAH INDIGENT
DEFENSE COMMISSION**
IDC.UTAH.GOV

Complete and return to
INDIGENT DEFENSE COMMISSION
370 E South Temple, Suite 500
Salt Lake City, UT 84111
Email kaadair@utah.gov

Scholarship Application

First Name:		Last Name:	
Organization/Office:			
Address:			
City:		State & Zip:	
Phone:		Email:	
Attorneys only:			
<i>I certify that I'm an active member of the Utah State Bar in good standing.</i>		Bar No.	
<i>I certify that I'm an indigent defense service provider either pursuant to a contract with an indigent defense system or an order issued by the court.</i>		Court(s) or Contracting Entity(ies)	

What is your area of indigent defense services? (Check all that apply)

<input type="checkbox"/> Appellate	<input type="checkbox"/> Adult criminal defense	<input type="checkbox"/> Other
<input type="checkbox"/> Parental defense	<input type="checkbox"/> Juvenile delinquency	Describe: _____

What legal training program are you requesting funding to attend?

Training Provider:
Course Name:
Date(s):
Location (City, State):

Describe why the training is relevant to your area of indigent defense services (attach program or agenda to the application):

Explain how the training improves your ability to provide indigent defense services more effectively:

Does the program provide scholarships for attendees? No Yes

If yes, have you applied for a scholarship? No Yes

If you have applied, indicate whether you were approved and how much funding will be provided. If you have not applied, please explain why:

What expenses do you request to be reimbursed? (Check all that apply) Provide estimated cost.

IN-STATE		OUT-OF-STATE		Estimated Cost \$
<input type="checkbox"/>	Mileage (\$0.54/mile)	<input type="checkbox"/>	Mileage (\$0.54/mile)	
<input type="checkbox"/>	Air fare	<input type="checkbox"/>	Air fare	
<input type="checkbox"/>	Hotel*	<input type="checkbox"/>	Hotel*	
<input type="checkbox"/>	Meals*	<input type="checkbox"/>	Meals*	
<input type="checkbox"/>	Taxi/Lyft/Uber	<input type="checkbox"/>	Taxi/Lyft/Uber	
<input type="checkbox"/>	Registration fee/tuition	<input type="checkbox"/>	Registration fee/tuition	
<input type="checkbox"/>	Car rental	<input type="checkbox"/>	Car rental	
<input type="checkbox"/>	Other (describe below)	<input type="checkbox"/>	Other (describe below)	
				TOTAL

*State per diem and allowance rates apply

Have you received IDC scholarships previously? No Yes Date(s): _____

Please include a brief statement regarding financial need addressing the following: Your office's ability or inability to pay for all or part of the training program expenses:

If only partial funding of your request is approved, do you still wish to be considered? No Yes

Are you willing to pass on the knowledge that you gain to other indigent defense providers? No Yes

If yes, please briefly describe your plan to do so:

FOR IDC USE ONLY

Date application received: _____

	APPROVED		DENIED
<input type="checkbox"/>	Mileage	<input type="checkbox"/>	Mileage
<input type="checkbox"/>	Air fare	<input type="checkbox"/>	Air fare
<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Hotel
<input type="checkbox"/>	Meals	<input type="checkbox"/>	Meals
<input type="checkbox"/>	Taxi/Lyft/Uber	<input type="checkbox"/>	Taxi/Lyft/Uber
<input type="checkbox"/>	Registration fee/tuition	<input type="checkbox"/>	Registration fee/tuition
<input type="checkbox"/>	Car rental	<input type="checkbox"/>	Car rental
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Joanna Landau, Director

Date