

## Philadelphia Bar Foundation

## Morris M. Shuster Public Interest Fellowship Program

# 2023 Eligibility Checklist

| 1. | Are you a full-time (minimum average 30 paid hours per week) legal services attorney who provides legal assistance and works for a qualifying employer and is considered a   |
|----|--|
|    | "permanent hire employee," or have you accepted such employment that commences at a future date? (a list of qualifying employers is attached as Attachment #1)   |
|    | Yes No   |
| 2. | Are you currently licensed to practice law in Pennsylvania?  |
|    | Yes No   |
| 3. | Have you been employed as a practicing legal services attorney at one or more non-profit organizations, regardless of geographic location, for either a minimum of five years, or a minimum of three years   |
|    | Minimum 5-years Minimum 3-years No   |
|    | I am applying for:   |
|    | Level 1 Assistance (maximum \$5,000) (minimum 5-year employment requirement)   |
|    | OR   |
|    | Level 2 Assistance (maximum \$2,500) (minimum 3-year employment requirement)   |
| 4. | After first subtracting from your gross annual educational loan indebtedness, which includes but is not limited to undergraduate, graduate, and law school loan indebtedness, any and all loan repayment assistance received during calendar year 2022, including but not limited to that received from a fellowship, law school or employer, do you have a "net annual educational loan indebtedness," that exceeds the sum of \$2,500? |
|    | Yes No   |



#### Philadelphia Bar Foundation

### Morris M. Shuster Public Interest Fellowship Program

## 2023 Application and Eligibility Verification

Applications with complete accompanying documentation must be received by the Philadelphia Bar Foundation by 5:00 p.m. on Friday, November 17, 2023. Email the materials to <a href="mailto:mmance@philabarfoundation.org">mmance@philabarfoundation.org</a> with the subject line: <a href="mailto:2023 SHUSTER PUBLIC INTEREST FELLOWSHIP APPLICATION">2023 SHUSTER PUBLIC INTEREST FELLOWSHIP APPLICATION</a>

| 1. | Name and Address of Applicant:       |  |
|----|--------------------------------------|--|
|    | Name:                                |  |
|    | Work Address:                        |  |
|    |                                      |  |
|    | Home Address:                        |  |
|    |                                      |  |
|    | Work Telephone:                      | Home/Mobile Telephone:   |
|    | Work email:                          | Home email:  |
|    | <b>~</b>                             | •  |
| 2. | and are currently (or will be) emplo | e current qualifying employer where you were previously<br>byed as a practicing legal services attorney; your<br>lent (a list of qualifying employers is included in 2023<br>on packet). |
|    | a. Past Employer:                    |  |
|    | Position:                            |  |
|    | Dates of Employment:                 |  |

3.

| b.  | Past Employer:   |             |  |  |  |
|---|--|-------------|--|--|--|
|   | Position:  |             |  |  |  |
|   | Dates of Employment:   |             |  |  |  |
| C.  | Past Employer:   | -           |  |  |  |
|   | Position:  |             |  |  |  |
|   | Dates of Employment:   |             |  |  |  |
| d.  | Current Employer:  |             |  |  |  |
|   | Position:  |             |  |  |  |
|   | Dates of Employment:   |             |  |  |  |
|   |  |             |  |  |  |
| "Net a  | annual educational loan indebtedness"  |             |  |  |  |
| "Net annual educational loan indebtedness" is arrived at by subtracting any and all educational loan repayment assistance received yearly, including but not limited to assistance received from a fellowship, law school or employer, from your gross annual educational loan indebtedness, which includes but is not limited to undergraduate, graduate, and law school loan indebtedness. Please note that this is an <b>annual</b> figure, and not the total amount of your indebtedness. |  |             |  |  |  |
|   | a copy of a current educational loan account statement(s) verifying the amour <u>l</u> educational loan indebtedness and annual payment. | nt of gross |  |  |  |
| Gro   | oss annual educational loan indebtedness \$  |             |  |  |  |
| To  | tal annual educational loan assistance (minus) \$  |             |  |  |  |
|   | Source   |             |  |  |  |



|    | Net annual educational loan indebtedness (equals) \$  |
|----|---|
| 4. | Executive Director or Chief Operating Officer Eligibility Verification  |
|    | I have reviewed the 2023 Guidelines for the Morris M. Shuster Public Interest Fellowship Program as well as the Application of the undersigned, and to the best of my knowledge, the applicant is eligible for a 2023 Shuster Fellowship. |
|    | Name  |
|    | Title   |
|    | Signature   |
| 5. | Applicant Certification   |
|    | I hereby certify that all information provided as part of this application is true and complete to the best of my knowledge.  |
|    | Name  |
|    | Date  |
|    | Signature   |
| 6. | Attach signed Guidelines & Guidelines Certification   |