



Philadelphia Bar Foundation

Morris M. Shuster Public Interest Fellowship Program

2019 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 2019, including but not limited to that received from a fellowship, law school or employer, do you have a “net annual educational loan indebtedness?” that equals or exceeds the sum of \$2,500?

Yes \_\_\_\_\_ No \_\_\_\_\_



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2019 Application and Eligibility Verification

Applications with complete accompanying documentation must be received by the Philadelphia Bar Foundation by 5:00 p.m. on November 18, 2019. You may email the materials to [Jhilburnholmes@philabarfoundation.org](mailto:Jhilburnholmes@philabarfoundation.org) with the subject line: 2019 SHUSTER PUBLIC INTEREST FELLOWSHIP APPLICATION, or you may mail the materials in an envelope marked "Confidential" to:

Jessica R. Hilburn-Holmes, Esq.  
Executive Director  
Philadelphia Bar Foundation  
1101 Market Street, 11<sup>th</sup> Floor  
Philadelphia, PA 19107

1. Name and Address of Applicant:

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work email: \_\_\_\_\_ Home email: \_\_\_\_\_

2. Past non-profit employer(s) and the current qualifying employer where you were previously and are currently (or will be) employed as a practicing legal services attorney; your position(s), and; dates of employment (a list of qualifying employers is included in 2019 Guidelines & Guidelines Certification packet).



- a. Past Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
- b. Past Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
- c. Past Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_
- d. **Current Employer:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_

3. "Net annual educational loan indebtedness"

"Net annual educational loan indebtedness" is arrived at by subtracting any and all educational loan repayment assistance received, 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.

**Attach a copy of a current educational loan account statement(s) verifying the amount of gross annual educational loan indebtedness and annual payment.**

Gross annual educational loan indebtedness \$ \_\_\_\_\_

Total annual educational loan assistance (minus) \$ \_\_\_\_\_

Source \_\_\_\_\_



Source \_\_\_\_\_

Source \_\_\_\_\_

Source \_\_\_\_\_

Net annual educational loan indebtedness (equals) \$ \_\_\_\_\_

**4. Executive Director or Chief Operating Officer Eligibility Verification**

I have reviewed the 2019 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 2019 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**