



**Philadelphia Bar Foundation**

**Morris M. Shuster Public Interest Fellowship Program**

**2022 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 2021, 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 \_\_\_\_\_



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2022 Application and Eligibility Verification

Applications with complete accompanying documentation must be received by the Philadelphia Bar Foundation by 5:00 p.m. on November 17, 2022. Email the materials to [rheiges@philabarfoundation.org](mailto:rheiges@philabarfoundation.org) with the subject line: 2022 SHUSTER PUBLIC INTEREST FELLOWSHIP APPLICATION

1. Name and Address of Applicant:

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

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

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

Work Telephone: \_\_\_\_\_ Home/Mobile 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 2022 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 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 **annual** figure, and not the total amount of your 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 2022 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 2022 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