



## Need-Based Financial Assistance Application

### Applicant Details

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

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

Court: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

### Program for Which Assistance is Sought

Name of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

### Assistance Needed

Are you requesting assistance for registration fees, housing fees, or both?

How much does your city or court currently have allocated to contribute to the cost of the training?

Please tell us more about the circumstances surrounding the need:

Have you or has your city requested financial assistance from TMCEC in the past? If so, when?

### Future Budgeting

If TMCEC is able offer assistance, what steps can you, your court, or your city take to ensure that training is fully budgeted by the city or court for next year?

Applicant Signature: \_\_\_\_\_ City Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_