**City, County and Local Government Law Section**

**FELLOWSHIP PROGRAM**

**Applications are now being accepted for
The Florida Bar CCLGL Section Fellowship Program**

**The CCLGL Section (“Section”) of the Florida Bar encourages involvement of attorneys from diverse backgrounds, including geographic, racial, and ethnic backgrounds, which are traditionally underrepresented in the law and the Section. The mission of the CCLGL Fellowship Program (“Program”) is to recruit attorneys who have a demonstrated interest in practicing in the area of local government, and who are interested in greater involvement in the Section and its committees, but who may not otherwise be able to participate due to financial constraints or needs. Our goal is to provide opportunities for deserving attorneys to achieve their career goals through leadership training and working closely with leading attorneys in their field, while at the same time fostering diversity within the Section. The Program is open to all lawyers who are members of the Section and who have less than 10 years of local government experience.**

The Section will select a maximum of 2 candidates to receive up to $1,000 to reimburse each Fellow for attending Section meetings and social events.

PLEASE NOTE: Fellows are required to attend a minimum of 3 CCLGL Executive Council meetings during the Fellowship year.

**Scholarships will be considered for applicants who best meet the following criteria:**

• *Demonstrated interest in local government as a part of the applicant’s practice;*

*• Demonstrated interest in the activities of the Section;*

*• Diversity, including a geographic, racial, or ethnic background that is traditionally underrepresented in the CCLGL Executive Council and Section;*

*• Service to the legal profession and community.*

Applicants must submit an application to **Jeannine.Williams@stpete.org**on or before **September 1** of the Section year**. Applicants will be notified by October 1.**

If you have any questions, please contact Jeannine Williams at 727-893-7011 or Jeannine.Williams@stpete.org.

**DEADLINE TO SUBMIT - SEPTEMBER 1ST**

 **APPLICATION FOR THE CITY, COUNTY AND LOCAL GOVERNMENT LAW SECTION FELLOWSHIP PROGRAM**

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| --- | --- |
| Name:  |  |
| Age: |  |
| Law School Name: |  |
| Date of Law School Graduation: |  |
| Years Admitted to the Bar: |  |
| Years of Practice in Local Gov’t Law: |  |
| Years in the CCLGL Section: |  |

|  |  |
| --- | --- |
| Firm/Organization Name: |  |
| Position:  |  |
| Mailing Address:  |  |
| Telephone Number:  |  |
| Race or Ethnic Heritage: |  |
| LLM: 🗖 Yes 🗖 No  | If yes, in what area? |  |
| Board Certified: 🗖 Yes 🗖 No | If yes, in what area(s)? |  |
| Other State Bar Admissions: |  |

|  |  |
| --- | --- |
| Please describe the area(s) of the law in which you focus your practice: |  |
| Please list your employment history for the past 5 years: |  |
| Do you have any prior experience with any CCLGL Section Committee? If so, please list, with dates: |  |

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| --- |
| Have you ever been the subject of any disciplinary action by any Bar association? If yes, please describe in detail the nature of the disciplinary action and the outcome. *Attach additional sheets if necessary:* |
|  |
| Please state why you are interested in being chosen as a Fellow for the CCLG Section. (Attach additional sheets if necessary-500 words maximum): |
|  |
| Please describe your involvement in any local, state, voluntary and national level bar association, including any leadership positions you currently hold or have held in the past. Attach additional sheets if necessary.  |
|  |
| Please describe any funding or support (including allowing time to fulfill your obligations as described in the Fellowship Information Sheet) that you may receive from your firm or employer, or other organization(s) that would support your activities as a Fellow. (Attach additional sheets if necessary.)  |
|  |
| Please identify at least two substantive CCLGL Committees that you would be interested in joining as a Fellow:  |
|  |
| Please list the name, email address and phone number for two active members of the Florida Bar (other than members of your own firm) who can provide information regarding your professional qualifications and experience:  |
|  |

Are you able to participate in a video interview (via Zoom or similar platform)? 🗖 Yes 🗖 No

FINANCIAL ASSISTANCE CERTIFICATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that my employer and I will not be able to cover all of the estimated costs that may be associated with my participation in the CCLGL Section Fellowship Program (“Program”) as reasonably contemplated based on the Program requirements; and thus, I have a demonstrated need for financial assistance in order to fully participate in the Program.

*Note: If an applicant does not certify to the statement above, he/she will not be precluded from consideration in the Program; however, he/she will not be eligible to receive all or part of the reimbursement amount set forth in this year’s Program information.*

By submitting this application, I understand and agree that as a part of the application process, the City, County and Local Government Section Law may contact my references and verify the information provided. I am aware that by signing this application I am making the commitment to fully attend and participate in the Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date