



COVID-19 Lawyers Assistance Fund Criteria and Application

The DuPage County Bar Association and the DuPage Bar Foundation have partnered to establish the COVID-19 Lawyers Assistance Fund to help DuPage County lawyers impacted by the economic downturn caused by the COVID-19 pandemic. Lawyers in need are encouraged to apply for grants.

GUIDELINES:

- Grants of up to \$2,000.00 per applicant will be given based on need.
- Only those applicants who have been DCBA members for one year or more are eligible to apply.
- Applicants must complete this form and provide a short statement explaining their circumstances.
- Applications will be reviewed by a four person panel composed of foundation and association leadership. The identity of applicants and grant recipients will remain **COMPELETELY** confidential. All personal identifying information will be redacted prior to application review by the panel.

APPLICATION:

I am requesting a grant of \$_____ from the DCBA/DBF COVID-19 Lawyers Assistance Fund. I am enclosing a statement supporting my request

I. ATTORNEY INFORMATION

Name: _____
Please type or print clearly

Address: _____

City: _____ Zip: _____

Email: _____

II. ATTORNEY STATUS

- I have been a member of the DuPage County Bar Association for more than one year.
- I am an attorney licensed in Illinois with the ARDC. Year of admission _____

III. EMPLOYMENT STATUS

- I am currently employed Anticipated 2020 Annual Income:

I am currently unemployed
- I am unable to work due to COVID-19 (Personal illness, family illness, or childcare)

IV. MARITAL STATUS AND DEPENDENTS

Single, never married Divorced
Widowed Currently married/partnered

Spouse/Partner Employment Status and Income _____

Dependents:

Number of household members/dependents ages 0-12 _____

Number of household members/dependents ages 13-18 _____

Number of household members/dependents ages 19-25 that are full time students _____

Number of other household dependents and ages _____

V. SBA/PUBLIC/PRIVATE ASSISTANCE

List any and all other types of financial assistance you have applied for whether public or private. For each, indicate whether the application is under review or has been funded along with the amount of relief sought or given.

- (1)
- (2)
- (3)
- (4)

VI. STATEMENT OF NEED (USE SPACE BELOW OR ATTACH)

VII. CERTIFICATION

The undersigned applicant hereby affirms the validity of the matters asserted on this application.

Signature _____ Date _____

Completed application and letter requesting an assistance grant should be sent to:

DCBA/DBF Assistance Fund
Attn. Executive Director
126 S. County Farm Rd.
Wheaton, IL 60187

Or email to: assistancefund@dupagebarfoundation.org

Grants will be funded on a rolling basis and applications are welcome at any time for the duration of the fund. If you have any questions, please contact the DCBA/DBF Executive Director, Robert Rupp at 630-653-7779.

For Office Use:	Received: _____	Presented: _____	Approved: _____	Notification: _____
Notes:				