

## Education Support Program (ESP)

This application does not serve as a registration for the course. Please contact the education provider.

	APPLICA	NT INFORMATION:	
1. Applicant Name:	(Last)	(First)	(M.I.)
2. Position:			
3. Name of Court:			
4. Address:	(Street/P.O. Box)		
5. Telephone No.:	(City)	(State) 6. Email Address:	(Zip Code)
	PROGRA	M INFORMATION:	
7. Course Name:			
8. Course Dates:			
9. Course Provider:			
10. Location Offered:			
	TUT	ION COSTS:	
Please note: Awards are	e limited to tuition only, up to a ma		
Tution: \$	57 1		
	Signature	Da	le
	Please return this form and	form ESP-2 to:	

Education Support Program Coordinator State justice Institute 11951 Freedom Drive Suite 1020 Reston, VA 20190

## Education Support Program (ESP)

## Concurrence

Name of Chief Justice of the State Supreme Court (or Chief Justice's Designee)

have reviewed the ESP application to attend the program entitled:

prepared by

I,

and concur in its submission to the State Justice Institute. The applicant's participation in the program would benefit the state. The applicant's absence to attend the program would not present an undue hardship to the court.

Check box that applies:

□ 1. Public funds **are not** available to enable the applicant to attend this course, and receipt of an award would not diminish the amount of funds made available by the state for judicial branch education.

 $\Box$  2. Public funds **are** available to support the applicant, but are insufficient to cover total costs. Therefore funding from the State Justice Institute is requested.

Signature

Name

Title

Date