



## FINANCIAL ASSISTANCE FORM

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of Program \_\_\_\_\_ Date of Program \_\_\_\_\_

CBA Member Number \_\_\_\_\_

Reason for Assistance \_\_\_\_\_

### TYPE OF PROGRAM

<input type="checkbox"/> Live Event Event title/date	<input type="checkbox"/> Video Replay Event Title/Date
<input type="checkbox"/> Live Webcast Event Title/Date	<input type="checkbox"/> Home Study (Video-on-Demand or MP3 download) Program Title/Format

Program Tuition \_\_\_\_\_

Amount I can afford \_\_\_\_\_

Have you applied for tuition assistance from CBA-CLE in the last year? Yes  No

If yes, please explain how this additional program/home study will benefit your practice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If CBA-CLE is able to offer you the requested tuition assistance, you may pay now by credit card or mail a check to the address below.

I'll mail a check  I'll pay now—credit card information below

Visa  MasterCard  AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Send this form to [clereception@cobar.org](mailto:clereception@cobar.org)**

Assistance is available at the discretion of CBA-CLE.  
For additional information or assistance, please call CBA-CLE at 303-860-0608