

**GRANT APPLICATION**  
**Dayton Bar Association - Herbert M. Eikenbary Trust**

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone \_\_\_\_\_  
\_\_\_\_\_

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

Telephone \_\_\_\_\_

1. When were you admitted to the practice of law in Ohio? \_\_\_\_\_  
How long have you practiced in Montgomery County? \_\_\_\_\_  
What percentage of your practice is in Montgomery County? \_\_\_\_\_

2. Please list names, addresses and telephone numbers of three character references, including at least one Montgomery County attorney:

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

3. Have there ever been any ethics complaints filed against you? \_\_\_\_\_  Yes  No

If yes, please state the general nature of the complaint(s), the approximate date(s), disposition and with whom the complaint(s) were filed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe briefly (1) the purpose of the grant; (2) how the grant will aid you in your law practice and (3) how you presently are experiencing the need for financial assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you previously received a Grant or Loan from this fund? \_\_\_\_\_ If yes, when and how much?  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing information is true and apply for a grant in the amount of \$ \_\_\_\_\_  
(The maximum grant is \$2,000.00)

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Approved by: \_\_\_\_\_

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