



Legal Fees Financial Assistance Application

Applicant Information

Name: _____

Mailing Address: _____
Street Address *Apartment/Unit*

City *State* *ZIP Code*

Contact Phone: () _____ E-mail: _____

County of residence _____

Your Gender (as you define it and identify) _____

Information Regarding Financial Need

Total costs needed for your county to complete process \$ _____

Cost of filing fee for name change petition in your county \$ _____

Name of entity to which checks should be paid: _____

(example: Something County Probate Court, or Something County Clerk of Courts)

Cost of publication fee \$ _____ *(note: the least expensive publication manner will be used)*

Name of entity to which checks should be paid: _____

(example: Something Legal News)

Total amount requested: \$ _____

Please note: These funds are available only through micro-grants and private donations, and funding is limited. Each dollar you can put forth toward this process will save our grant funds for other applications. Additionally, we ask recipients of our financial aid to donate a sum back to "the pot" when they are financially able to do so.

Briefly explain reason for requesting funds:

(this information will assist us in getting you appropriate funding, as well as in documenting need for further grants)

NOTE: Checks/money orders will be payable in accordance with grant guidelines to the appropriate entity as indicated on this form; it is your responsibility to ensure the above information is correct. Financial assistance is only offered while funding is available. Please review guidelines for applying before filing application. Submission of this form is acceptance of same.

Date: _____

Return completed forms to: scholarships@transohio.org

TransOhio, Inc.
P.O. Box 14481
Columbus, OH 43214

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