



Association of American
Law Schools

**2016 – 2017 AALS Faculty Appointments Register (FAR)
Fee Waiver Application Instructions:**

1) Download the application form and submit via fax, mail or email.

- a) Fax: (202) 872-1829
- b) Mail: **Association of American Law Schools
1614 20th Street, NW
Washington, DC 20009**
- c) Email: far@aals.org

2) Application form must be received by AALS by the following deadline dates and be approved by AALS to be included in your selected distribution. If your fee waiver is not approved, you will need to make the payment by the appropriate payment deadline date for that distribution, or not be included in the distribution.

#1 Distribution: July 20, 2016 #2 Distribution: August 10, 2016 #3 Distribution: September 5, 2016

3) If approved, fee waiver is valid for one academic year. Approved fee waiver entitles registrant to:

- A subscription to the placement bulletin for the academic year, available online.
- Include submitted FAR form in one distribution for the academic year.
- Attend the 2016 Faculty Recruitment Conference.

4) To check receipt and/or status of submitted FAR fee waiver application form contact far@aals.org

**2016 – 2017 AALS Faculty Appointments Register
(FAR) Fee Waiver Application**

Please print using black ink.

IMPORTANT: Do not leave any items blank. Enter "0" or "N/A" in items that do not apply to you.

Form may be submitted via fax (202) 872-1829, mail: AALS 1614 20th Street NW, Washington DC 20009 or email far@aals.org

For AALS Use Only	
Applicant's Name _____	
Date Form Received _____	
Date of Action _____	Approved _____
	Denied _____
Name of AALS Official _____ (Please Print)	_____ (Signature)

Section A - Applicant Information

Please select the distribution date you plan to submit your FAR form:

#1 Distribution: August 10, 2016

#2 Distribution: August 31, 2016

#3 Distribution: September 26, 2016

1. Username (if completed FAR form online): _____

2. Last Name: _____ 3. First _____ 4. MI _____

5. Address: _____
(Include apartment number, if applicable)

6. City: _____ 7. State _____ 8. Zip Code: _____ - _____

9. Daytime Phone: _____ 10. Email Address: _____

11. Have you ever received a FAR waiver before? Yes No

11a. If so, in what year? _____

Please be advised that AALS grants multiple fee waivers to individuals only in truly exceptional circumstances. In no case, will the AALS grant an individual more than two fee waivers.

Section B – Applicant Status

12. Are you married? Yes

13. Do you have legal dependents other than a spouse/partner? Yes

14. Current Financial Position

Applicant

Spouse/Partner

14 Expected income for 2016:

\$ _____

\$ _____

15. Income (2015 Tax Year)

15. What was your (and/or your spouse/partner's, if applicable) income for 2015?

(Refer to line 22 on IRS Form 1040, line 15 on IRS Form 1040A, or line 4 on IRS Form 1040 EZ)

15.\$ _____

Section C1-Financial Condition of Applicant (and Spouse/Partner, if Applicable), continued

16. Untaxed Income and Benefits (Yearly Amount)

16a. List the amount of Aid to Families with Dependent Children (AFDC or ADC), if any, you (and/or your spouse/partner, if applicable) received in 2015.

16a.\$ _____

16b. List the amount of any other sources of untaxed income you (and/or your spouse/partner, if applicable) received in 2015. *(Include child support, or any other public assistance.)*

16b.\$ _____

17. Dependents

17. How many dependents did you (and your spouse/partner, if applicable) claim on line 6c of IRS Form 1040 or 1040A?

17. _____

18. Dependent Care Expenses

18. If you (and/or your spouse/partner, if applicable) filed an IRS Form 1040 or 1040A, enter the amount of dependent care expenses you reported to the IRS on your tax form.

IRS Form 1040: from Form 2441, Part 1, total of column 1d;

IRS Form 1040A: from Schedule 2, Part 1, total of column 1d.

18.\$ _____

19. Interest/Dividends

19a. What was your (and/or your spouse/partner's, if applicable) total interest income for 2014? (Refer to line 8a and 8b on IRS Form 1040A, or line 2 on IRS Form 1040 EZ.)

19a.\$ _____

19b. What was your (and/or your spouse/partner's, if applicable) total dividend income for 2014? (Refer to line 9a on IRS Form 1040 and 1040 A.)

19b.\$ _____

20. Cash Balances

20a. Do you (and/or your spouse/partner, if applicable) have a checking/money market account?

Yes

20b. If you answered "Yes" to question 20a, enter the total amount of this account(s)

\$ _____

20c. Do you (and/or your spouse/partner, if applicable) have a savings account?

Yes

20d. If you answered "Yes" to question 20c, enter the total amount of this account(s):

\$ _____

21. Housing

(Applicant and Spouse/Partner, if applicable)

21a. Monthly rent payment:

\$ _____

21b. Do you own a home?

Yes

21c. If yes, current value:

\$ _____

Section C1-Financial Condition of Applicant (and Spouse/Partner, if Applicable), continued

21d. Current mortgage balance: \$ _____

21e. Monthly mortgage payment: \$ _____

Section C2 – Employment History

I am currently a(n)

22. Student: Name of Institution and What Degree Seeking: _____

22a. Amount of financial aid awarded to applicant this year
(Include aid from all sources including loans, grants, and scholarships): \$ _____

23. Employee: _____

23a. How much earned in: 2015 \$ _____
2016 \$ _____

Section E - Certification Statement

Association of American Law Schools (AALS) will not process this form if this statement is not signed or has been modified or altered in any way.

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I agree to give further proof of the information I have provided on this application if requested to do so. I realize this proof may include a copy of my or my spouse/partner's bank statements and tax returns or other relevant documents. I understand that falsification of information on this form or any supporting documentation could result in notification of recruiters participating in the *Placement Bulletin* and/or FAR.

24. _____
Signature of Applicant

25. _____
Date