



Association of American
Law Schools

**201 – 201 AALS Faculty Appointments Register (FAR)
Fee Waiver Application Instructions:**

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

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

2) Your application must be received and approved by AALS by the following deadlines to be included in your selected distribution. If your fee waiver is not approved, you will need to pay the FAR fee by the payment deadline associated with your selected distribution, or not be included in the distribution.

First Distribution: July 18, 2018 | Second Distribution: August 8, 2018 | Third Distribution: September 3, 2018

3) If approved, the fee waiver is valid for one academic year and entitles the candidate to:

- A subscription to the placement bulletin (4 issues), available online.
- Inclusion of their submitted FAR form in one distribution of their choosing.
- Attendance at the 2018 Faculty Recruitment Conference.

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

**2018 – 2019 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	
Candidate Name _____	
Date Form Received _____	
Date of Action _____	Approved Denied
Name of AALS Official _____ (Please Print)	_____ (Signature)

Section A - Candidate Information

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

First Distribution: August 8, 2018

Second Distribution: August 29, 2018

Third Distribution: September 24, 2018

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

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 AALS grant an individual more than two fee waivers.

Section B – Candidate Status

12. Are you married? Yes No
13. Do you have legal dependents other than a spouse/partner? Yes No
-

Section C – Financial Condition of Candidate and Spouse/Partner (if Applicable)**14. Current Financial Position**

	Applicant	Spouse/Partner
Expected income for 2018:	\$ _____	\$ _____

15. What was your (and/or your spouse/partner's, if applicable) income for 2017?
(Refer to line 22 on IRS Form 1040, line 15 on IRS Form 1040A, or line 4 on IRS Form 1040 EZ)
- \$ _____

16. Untaxed Income and Benefits (Yearly Amount)

- a. 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 2017. \$ _____
- b. List the amount of any other sources of untaxed income you (and/or your spouse/partner, if applicable) received in 2017. Include child support, or any other public assistance. \$ _____

17. Dependents

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

19. Interest/Dividends

a. What was your (and/or your spouse/partner's, if applicable) total interest income for 2017? (Refer to line 8a and 8b on IRS Form 1040A, or line 2 on IRS Form 1040 EZ.)

\$ _____

b. What was your (and/or your spouse/partner's, if applicable) total dividend income for 2017? (Refer to line 9a on IRS Form 1040 and 1040 A.)

\$ _____

20. Cash Balances

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

Yes

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

\$ _____

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

Yes No

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

\$ _____

21. Housing

(Applicant and Spouse/Partner, if applicable)

a. Monthly rent payment:

\$ _____

b. Do you own a home?

Yes

c. If yes, current value:

\$ _____

d. Current mortgage balance:

\$ _____

e. Monthly mortgage payment:

\$ _____

Section D – Employment History

I am currently a(n)

22. Student

a. Name of Institution and What Degree Seeking: _____

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

23. Employee

a. Name of Employer: _____

b. How much earned in: 2017 \$ _____
2018 \$ _____

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 Candidate

25. _____
Date