



Association of American  
Law Schools

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**2019 – 2020 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](mailto: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 10, 2019

#2 Distribution: July 31, 2019

#3 Distribution: August 26, 2019

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 2019 Faculty Recruitment Conference.

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

**2019 – 2020 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: July 31, 2019  
#2 Distribution: August 21, 2019

#3 Distribution: September 16, 2019

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 2019:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

15. Income (2018 Tax Year)

15. What was your (and/or your spouse/partner's, if applicable) income for 2018?

*(Refer to line 6 on IRS Form 1040)*

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 2018.

16a.\$ \_\_\_\_\_

16b. List the amount of any other sources of untaxed income you (and/or your spouse/partner, if applicable) received in 2018. *(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 page 1 of IRS Form 1040?

17. \_\_\_\_\_

18. Dependent Care Expenses

18. If you (and/or your spouse/partner, if applicable) filed an IRS Form 1040, 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*

18.\$ \_\_\_\_\_

19. Interest/Dividends

19a. What was your (and/or your spouse/partner's, if applicable) total interest income for 2018? (Refer to line 2a and 2b on IRS Form 1040)

19a.\$ \_\_\_\_\_

19b. What was your (and/or your spouse/partner's, if applicable) total dividend income for 2018? (Refer to line 3a and 3b on IRS Form 1040)

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: 2018 \$ \_\_\_\_\_  
2019 \$ \_\_\_\_\_

**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