

SCHOLARSHIP APPLICATION FOR
COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA
INTRODUCTORY TRAINING
APRIL 10-11, 2025
Application for Attorneys Only

Name:

Address:

Email:

Phone Number:

Firm Name:

Firm Address:

Number of Years Practicing:

Percentage of Practice Dedicated to Family Law:

Supreme Court Certified Family Mediator: Yes/No

Have you been part of a collaborative case (one where all participants signed a participation agreement)?

If yes, how many.

Have you been a part of a cooperative case (one where a participation agreement was not executed but the parties used either a financial neutral and/or facilitator and kept the case out of court)?

If yes, how many.

What other training courses have you taken that can assist in your competency as a collaborative professional?

Why are you interested in Collaborative Family Law Practice?

How will this scholarship help you in pursuing collaborative practice?

Do you intend on joining the CFLSF?

Any other information you would like to provide?