



Rural Practice Development Program

Application Instructions

The State Bar of Wisconsin's Rural Practice Development Program aims to address the shortage of legal representation in rural areas of the state. Each year, the program selects three eligible attorneys to receive a monetary stipend if they relocate to, live in, and practice law in designated rural communities for a minimum of two years.

Eligibility

Attorneys who are licensed to practice law in Wisconsin and who have not lived or worked, for the last two years, in an underserved area as defined in the program are eligible to apply for this program.

Application

To apply, please submit the following:

- The State Bar of Wisconsin Rural Practice Development Program application form
- Personal statement describing why you want to practice law in rural Wisconsin
- Resume

Applications must be received no later than March 31, 2025 at noon

Personal Statement

Your personal statement should include your reasons for participating in this program. In addition, describe factors that may influence your decision to remain in the community. Please do not submit any confidential information you would not want available outside of this review group.

When preparing your personal statement consider responding to the following questions:

- Why are you interested in rural practice?
- What in your life (personal or family, people or events) has shaped you or influenced your goals?
- Where do you see your career in five or ten years?



Rural Practice Development Program Application Form

If you have any questions about this process, please contact Kim Burns, kburns@wisbar.org, 608-250-6181.

Applicant Information

Prefix: _____ First Name: _____ Last Name: _____

Mailing address: _____

Telephone: _____ Email: _____

Residential address (if different than above): _____

State Bar Number: _____

Please list the other locations where you have lived over the last two years and include dates:

I have not lived in a defined county at any point during the last 24 months.

Area(s) of Practice Information:

Current Areas of Practice and Percentages:

_____	_____
_____	_____
_____	_____
_____	_____



STATE BAR OF WISCONSIN

Areas of Practice you would be interested in:

Please provide reasons for this interest if you would like.

Miscellaneous:

How did you hear about the Rural Practice Development Program?

- State Bar direct email
- State Bar article (InsideTrack, Wisconsin Lawyer)
- Colleague/Peer
- Other

Your signature indicates that you qualify for the State Bar of Wisconsin's Rural Practice Development Program and that you are in good standing to practice law in Wisconsin.

By signing this application form, you authorize the Selection Committee to review all materials submitted.

If selected to participate in the program, you are required to execute Authorization for Release of Information documents.

Signature: _____ Date: _____
(Typed signature acceptable.)