

# The Florida Bar Foundation

## 2008 SUMMER LEGAL SERVICES FELLOWSHIP PROGRAM

### LAW STUDENT APPLICATION

Please complete and return:

1. **Via U.S. mail** to The Florida Bar Foundation, Attention: Margaret Hepworth, P.O. Box 1553, Orlando, Florida 32802-1553, postmarked no later than Friday, **January 11, 2008** to ensure delivery at the Foundation office by Thursday, **January 17, 2008**.
2. **Via fax** to 407-839-0287 Attention: Margaret Hepworth by **January 17, 2008**.
3. **Via e-mail** to Margaret Hepworth at [mhepworth@flabarfdn.org](mailto:mhepworth@flabarfdn.org) by **January 17, 2008**.  
An e-mail application is available on the Foundation website at [www.flabarfdn.org](http://www.flabarfdn.org).  
If returning by fax or e-mail, it is also necessary to send a hard copy via U.S. mail because all applications must have an applicant signature. Postmark date of January 11 will not be applicable if faxed or e-mailed.

1. Full Name: \_\_\_\_\_  
Check One:     Mr.     Ms.
2. Law School: \_\_\_\_\_
3. Local Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address (required): \_\_\_\_\_  
**(All communication to applicants from the Foundation will be conducted via e-mail only.)**
4. Semester(s) of law school completed as of December, 2007: \_\_\_\_\_  
Hours completed as of December, 2007: \_\_\_\_\_  
Hours to be taken starting January, 2008 to May, 2008: \_\_\_\_\_  
Expected date of graduation: \_\_\_\_\_
5. GPA to date (if available): \_\_\_\_\_



11. Clinics completed or in which you are enrolled and expect to complete prior to Summer 2008 (generally applicable to 2L students only):

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12. Do you expect to be certified under The Florida Bar student practice rule for the fellowship? \_\_\_\_\_

13. If you are a member of an ethnic minority, describe:

14. If you are bilingual, describe:

15. Indicate program placement site preferences (see list of program placement site names and descriptions available at the law school career service office or on The Florida Bar Foundation website ([www.flabarfndn.org](http://www.flabarfndn.org))). Responding to student's 1st or 2nd preferences may be difficult in some areas such as South Florida. Applicants should give serious consideration to programs in Central Florida, North Florida and rural areas.

1<sup>st</sup> preference:

Program Number (see list of program placements): # \_\_\_\_\_

Program Name: \_\_\_\_\_

2<sup>nd</sup> preference:

Program Number (see list of program placements): # \_\_\_\_\_

Program Name: \_\_\_\_\_

3<sup>rd</sup> preference:

Program Number (see list of program placements): # \_\_\_\_\_

Program Name: \_\_\_\_\_

4th preference:

Program Number (see list of program placements): # \_\_\_\_\_

Program Name: \_\_\_\_\_

16. Will any of your program placement preference locations require you to temporarily relocate and obtain rental housing, or do you anticipate having no additional housing costs? Briefly describe.

17. Please list two references, academic or employment related:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Reference employed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Reference employed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

18. **Attach a copy of your resume.**

19. Attach a writing sample (or a portion thereof) **not exceeding five pages**. Place your **name and school's name in the upper right hand corner** of the first page of the sample.

20. Acceptance of fellowship if received.

*I understand that if I receive and accept a fellowship that this is full time employment for a period of eleven weeks and I will be a temporary employee of the program to which I am assigned. As such I will be subject to applicable program personnel policies, and my stipend will be subject to regular withholding for income taxes, FICA and Medicare.*

Date \_\_\_\_\_ Signature \_\_\_\_\_