

**LOYOLA UNIVERSITY CHICAGO
SCHOOL OF LAW
CHILDLAW FELLOWSHIP APPLICATION**

Instructions: Please type or print in ink. If you wish to be considered for the ChildLaw Fellowship, please complete and mail this form and all supporting materials to: *Loyola University Chicago School of Law, ChildLaw Center, Attention: Silvia Rodriguez, 16 East Pearson, Chicago IL 60611.*

Deadline for submitting all documents: MARCH 1st

Personal Data

Name (in full) _____

Social Security Number _____ Email Address: _____

Present Address _____ Final Date for Receiving Mail _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Permanent Address _____

Permanent Phone _____

Please contact the ChildLaw Center immediately regarding any address/phone changes.

Business Address _____

Business Phone _____

May we contact you at work? _____

Are you applying for a dual degree program in Social Work (MSW)? _____

Are you a Teach for America Alumnus/Alumna? _____

What is the source of your information about the ChildLaw Fellowship? _____

Educational Information

Please list undergraduate degree granting institution _____

_____ Final G.P.A. _____ LSAT Score: _____

Honors received _____

Please list all graduate/professional institutions attended _____

_____ Final G.P.A. _____

Essay

On a separate piece of paper, please respond to the following question using no more than two double-spaced typed pages: **If you had the power to do so, what would be the first change you would make to solve the crisis of child abuse and neglect? What would motivate you to bring about this change?**

Work Experience

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Activities/Volunteer Work/Other

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Job/Agency	Your Position	Hrs/Week	Dates
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Significant Achievement

Recommendations

Fellowship applicants must submit **one letter** of recommendation directly to the ChildLaw Center. Please indicate below the name of the person who is writing a letter on your behalf:

Name	Title	Institution/Company
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I hereby apply for a ChildLaw Fellowship from Loyola University Chicago School of Law. I certify that all the information contained in my application is accurate and complete. I understand that it is my responsibility to update the law school on any changes to this application.

I understand by applying for the fellowship, I give permission to the selection committee to have access to my entire law school application for admission.

I understand that this application will only be considered upon my acceptance to Loyola University Chicago School of Law as an entering full-time student. I understand that the fellowship is awarded for one year, but is renewable annually based on satisfactory academic performance and full participation in program activities and internships.

Signature	Date
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