

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

**Instructions: Please type or print in ink.** If you wish to be considered for the Health Law Fellowship, please complete and mail this form and all supporting materials to: *Beazley Institute for Health Law and Policy, Loyola University Chicago School of Law, 25 East Pearson Street, Chicago IL 60611.*

**Deadline for submitting all documents: March 1st**

**1. Personal Data**

Name (in full) \_\_\_\_\_

SS# \_\_\_\_\_

Present Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

*Please contact the Beazley Institute for Health Law and Policy immediately regarding any address/phone changes.*

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

May we contact you at work? \_\_\_\_\_

**2. Please attach a resume containing that details your education and work experience.**

**3. Essays** (*Please note that you must complete BOTH essays.*)

**A.** In no more than one single-spaced page, please explain your interest in health law and why you are applying for the health law fellowship.

**B.** In 3-5 double-spaced pages, please choose one problem that you see with the health care delivery system in the United States. Discuss this problem and any remedies you can suggest.

**4. Recommendation**

Fellowship applicants must submit **one letter** of recommendation from someone who is familiar with your academic or employment experiences. Please indicate below the name of the person who is writing a letter on your behalf:

Name	Title	Institution/Company	Email Address	Phone Number
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*I hereby apply for a Health Law 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. I understand that the fellowship is awarded for one year only.*

Signature

Date