

LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW
HEALTH LAW FELLOWSHIP APPLICATION FOR INCOMING J.D. STUDENTS

The Beazley Institute for Health Law and Policy at Loyola University Chicago School of Law offers fellowships to entering students who are interested in health law. All students entering Loyola's J.D. program are eligible to apply. Beyond the financial benefits of a health law fellowship, recipients are automatically admitted to the specialized health law legal writing section, which provides students with a unique opportunity to learn about health law during their first year. Fellowships awarded to entering students are not automatically renewable but all recipients are eligible to apply for Upperclass Health Law Fellowships after their first year.

Application Process: Please complete this application form and attach: (1) your resume; (2) both essays, as described below; and (3) a letter of recommendation (or note if this will be sent under separate cover). All materials must be submitted via U.S. mail or email directly to: *Beazley Institute for Health Law and Policy, Loyola University Chicago School of Law, 25 East Pearson Street, Chicago IL 60611, health-law@luc.edu.*

Postmark deadline for submitting all documents: March 1

Name: _____

Email: _____ Day Phone: _____ Evening Phone: _____

Current Address: _____

Permanent Address: _____

Please verify that your application includes the following materials:

_____ **Resume** detailing education and work experience

_____ **Two Essay Responses:**

- 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.

_____ **Letter of Recommendation**

Fellowship applicants must submit **one letter** of recommendation from someone familiar with your academic or employment experiences. Please indicate below the name of your recommender below:

Name	Title	Institution/Company	Email Address	Phone Number

I am applying 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 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. If I receive a scholarship offer I will accept or decline the scholarship within ten business days.

Student Signature & Date

For Internal Use Only	Date Received _____	Completed? _____	Reviewed? _____
Decision _____	Notified? _____	Accepted? _____	