

**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: *Institute for Health Law 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 Institute for Health Law immediately regarding any address/phone changes.

Business Address _____

Business Phone _____

May we contact you at work? _____

2. Please complete the education, work experience and activities sections of this application, or attach a resume containing this information.

Educational Information

Please list undergraduate degree granting institution _____

Honors received _____

Please list all graduate/professional institutions attended _____

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

3. 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	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