

SKADDEN FELLOWSHIP APPLICATION

2019 APPLICATION PROCEDURES

Those submitting applications for the 2019 season will be required to submit the attached fellowship application and supporting documents electronically in a single PDF file in the order indicated below. Please title the email "[Your Name] — Fellowship Application" and label the attachment "[Your Last Name], [Your First Name]."

1. Signed fellowship application including three (3) essays (do not include this cover sheet)
2. Commitment letter from potential sponsoring organization; coalition letters, if applicable, should be placed behind the commitment letter
3. Two (2) letters of recommendation from a
 - (a) former employer; and
 - (b) law school professor
4. Official law school transcript
5. Resume

Please email your application to skadden.foundation@skadden.com by September 17, 2018.

Non-Discrimination Policy

The Skadden Arps Fellowship Program is committed to a policy against discrimination based on sex, sexual orientation, marital or parental status, race, color, religious creed, national origin, age or handicap.

Applicant Name: _____

(Last)

(First)

(Middle)

Address: _____

Home Tel. No. _____ Office Tel. No. _____

Cell Phone No. _____ E-mail Address: _____

Soc. Sec. No. _____

LAW SCHOOL: _____

Date of Graduation: _____

Percentile/Rank/GPA: _____

Law Review/Law Journal: _____

ADVANCED DEGREE: _____

School: _____

Year: _____

Degree: _____ Course of Study: _____

UNDERGRADUATE DEGREE: _____

School: _____

Year: _____ Degree: _____

Degree: _____

BAR EXAM: _____

Bar Admissions: _____ Date: _____

Date: _____

Date: _____

JUDICIAL CLERKSHIP: Judge: _____

Court: _____

From: _____ to _____

SPONSORING ORGANIZATION: _____

Address:

Tel. No. _____

Name of
Supervising Attorney: _____

Synopsis of
Proposed Project: _____

PREVIOUS PUBLIC INTEREST EMPLOYMENT:

1. Employer: _____

Address: _____

Position _____ Dates: _____

2. Employer: _____

Address: _____

Position _____ Dates: _____

3. Employer: _____

Address: _____

Position _____ Dates: _____

OTHER EMPLOYMENT:

1. Employer: _____
Address: _____

Position _____ Dates: _____
2. Employer: _____
Address: _____

Position _____ Dates: _____
3. Employer: _____
Address: _____

Position _____ Dates: _____

NAMES OF YOUR TWO RECOMMENDERS FOR THIS APPLICATION

1. Name: _____
Address: _____

Tel. No. _____
2. Name: _____
Address: _____

Tel. No. _____

PLEASE RESPOND TO THE FOLLOWING STATEMENTS:

Describe briefly (300 words) your proposed public interest project. Please specify what legal rights you will be enforcing and how you think your project will work:

Select one or two of your previous public interest projects and state briefly (300 words) their significance:

State briefly (300 words) your sense of the relevancy of public interest work to contemporary society:

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for denial of receipt of a fellowship. I further understand that if awarded a fellowship, I cannot receive any other fellowship funds or prize monies for the two-year duration of the Skadden fellowship.

DATE

APPLICANT'S SIGNATURE