

**SKADDEN FELLOWSHIP APPLICATION
INSTRUCTION SHEET**

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]." (Do not include this cover sheet in your pdf)

1. Signed fellowship application including three (3) essays
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

*If a recommender wishes to submit the recommendation confidentially, they may mail it to the Skadden Foundation, Four Times Square, 40-126, New York, NY 10036 by September 17, 2018.

4. Official law school transcript
5. Resume
6. Optional: You may, but need not, append an article highlighting the client need you wish to address with your project. Do not attach lengthy or numerous attachments.

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