

2008 GROW YOUR OWN LAWYER APPLICATION

1. NAME _____
Last First Middle
2. ADDRESS _____
Street City Zip
3. PHONE _____ 4. DATE OF BIRTH _____
5. CELL PHONE _____ 6. EMAIL ADDRESS _____
7. RACE _____ GENDER (Circle) Male Female CLASS (Circle) Junior Senior
8. MOTHER'S NAME _____ 9. PHONE _____
10. MOTHER'S ADDRESS _____
11. FATHER'S NAME _____ 12. PHONE _____
13. FATHER'S ADDRESS _____
14. HIGH SCHOOL _____ GPA _____ (minimum 2.5 required)

15. EXTRACURRICULAR AND COMMUNITY ACTIVITIES/ EMPLOYMENT:

16. WHY DO YOU WANT TO PARTICIPATE IN THE PROGRAM?

17. PERSONAL REFERENCE: _____ (name and phone no.)

18. ARE THERE ANY DAYS OR TIMES YOU ARE NOT AVAILABLE TO ATTEND PROGRAM ACTIVITIES? _____

19. CIRCLE PREFERRED INTERVIEW DAY/TIME (pick one day and one time)
WEDNESDAY JANUARY 9 [3:30 4:00 4:30] **THURSDAY JANUARY 10** [3:30 4:00 4:30]

I certify that all the information contained in this application is true and correct. I authorize my school to release academic information so that my qualifications for the Grow Your Own Lawyer Program can be verified.

Student Signature (required) Date

Parent or Guardian Date

Return this form by Friday December 7, 2007 to Wichita Bar Association, 225 N. Market, Suite 200, Wichita, KS 67202 or by fax to 316-263-0629.