

**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 number)

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 18, 2012** [3:45 4:15 4:45]      **THURSDAY JANUARY 19, 2012** [3:45 4:15 4:45]

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 2, 2011 to:  
Wichita Bar Association  
225 N. Market, Suite 200, Wichita, KS 67202  
or by fax to 316-263-0629