UNIVERSITY OF LOUISVILLE BRANDEIS SCHOOL OF LAW GREENEBAUM PUBLIC SERVICE PROGRAM GREENEBAUM FELLOWSHIP APPLICATION FORM – SUMMER 2019

This must be typed. APPLICANT INFORMATION:

Student Name:		_ Graduation Date	2:
Student Email:		Phone #:	
Local Address:			
Number of Class Credits C	ompleted by upcoming Sum	mer: G	PA:
Have you registered or do y registering for?	you plan to register for a sum	mer class?	If so, what class will you be
Did you complete a FAFSA	A for the 2018-19 academic y	/ear?	
2019 SUMMER EMPLO	YER INFORMATION:		
Organization's Name:			
Address:			
Contact Person (Name, Title	e, Phone #, and email):		
(If Supervisor not yet deter contacted if questions, e.g.	_	l contact information ey)	n of someone who may be
List website for organization	on where you will be working	g. If there is a page of	devoted to your summer program
List in 1-2 sentences the pu	rpose of the organization and	d your job descriptio	n:
Start Date:	End Date:	Hours Per	Week:
Length of fellowship:	weeks	Full-Time	Part-time
Summer Job Title:			

Provide a short description of your summer job tasks and responsibilities, including how you positively impact the population or interest being served by the above-named organization. 500)	
Have you worked at this employer before? If so, when?	
☐ Check here if you have been paid by this employer in the past (or this summer). Ex	_
SUMMER EXPENSES & FUNDING SOURCES	
Will this position require you to incur significant travel costs for leaving the Louisville area for the so, explain the travel fees and costs:	
Will this summer position require you to find and pay for new or additional housing out-of-t If so, explain the additional burden you will incur by accepting the position (e.g. indicate if paying rent on two apartments) and provide the estimated housing costs for your 10-week in and any monthly mortgage or rent you would be paying in the Louisville area (do not includ expenses):	you will be nternship as well
If your summer position is in the Louisville area, will you have to pay a mortgage or rent thi If yes, what is the monthly amount for which you are personally responsible each m (if other(s) contribute to this cost, only include your share)	onth to pay?
Have you requested funding from other sources or will be requested? If so, list the source(s) requested/received. You <u>must notify Ms. Scinta at jina.scinta@louisville.edu</u> , the Coord Greenebaum Program, or Dean Hajek, the Director for the Greenebaum Program, if y funding for your summer position from <u>any</u> other source. This obligation continues af your application up to and including until the date when you begin your summer position Fellowship).	linator for the you receive ter you submit
Will you be receiving <u>any</u> form of compensation or benefits from this employer during the s If yes, explain:	
Other than scholarships towards tuition, have you received any fellowships, grants or other if from the law school, Office of Professional Development, or Student Bar Foundation while law school? If so, list sources of funding and the amounts received:	you have been in

PUBLIC SERVICE COMMITMENT

List your past commitment to public service prior to law school (Word Limit: 750)

List your commitment to public service while you have been in law school. (Word Limit: 750)

Samuel L. Greenebaum Summer Fellowship Application Acknowledgement of Responsibilities as a Fellow

If I receive a Greenebaum Summer Fellowship, I agree to provide a 3-5 page after-action memo about my experience to Jina Scinta, the Public Service Coordinator, in the Office of Professional Development. I will also provide a photo and short quote and allow the OPD to use any of these in news releases for the school, on the website or other announcements or promotional materials for the law school.

I also understand that if I receive a Greenebaum Fellowship that it may be paid with either Federal Work

Study funds or through endowment money secured by the Greenebaum Public Service Program. If any changes to the above information occur, including whether I receive any other funding sources, I must notify the Coordinator or Director for the Greenebaum Public Service Program.

Print Name

Signature

Date

Samuel L. Greenebaum
Summer Fellowship Application
Authority to Share Academic Records

Student name:

I agree to release and share my academic records with the Selection Committee for the Samuel Greenebaum Summer Fellowship.

Date