

**HISPANIC LAWYERS SCHOLARSHIP FUND OF ILLINOIS (“HLSF”)
FELLOWSHIP APPLICATION - Summer 2017**

SUBMISSION DEADLINE: FRIDAY, FEBRUARY 17, 2017

All information is solicited for the sole purpose of assisting the HLSF Fellowship Committee in the evaluation of applicants. The information will be kept strictly confidential and will be disseminated only to the HLSF Trustees. All questions must be fully answered. Applicants may attach additional pages if necessary to explain any answer. By submitting this application, the applicant consents to verification by the Fellowship Committee of the information furnished herein.

SECTION I - IDENTIFYING INFORMATION

1. I am applying for consideration for one or more of the following fellowships (please rank the fellowships by order of preference):

- _____ Cook County State's Attorney's Office Fellowship
- _____ Cook County Public Defender's Office Fellowship
- _____ National Labor Relations Board – Region 13 Fellowship
- _____ National Immigrant Justice Center
- _____ Legal Aid Society of the Metropolitan Family Services

2. Name: _____

3. Current Mailing Address

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-mail: _____

4. Permanent Address

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____

E-mail: _____

5. Place of Birth

City: _____ State: _____ Country: _____

6. Name of Parent(s) of Hispanic Ancestry: _____

Place of Birth: _____

SECTION II - FINANCIAL INFORMATION

7. Were you claimed as a Dependent on anyone's Federal Tax Return for the 2015 Tax Year? _____ If so, specify relationship of person(s) claiming you.

8. Will you be claimed as a Dependent on anyone's Federal Tax Return for the 2016 Tax Year? _____ If so, specify relationship of person(s) claiming you.

9. How much monetary support will your parents or guardians provide during the 2016-2017 school year? _____

10. What is your Marital Status? Single _____ Married _____

11. Spouse's Information. This Section must be completed if the applicant is married.

(a) Will your spouse be a student during the 2016-2017 school year? _____ If so, full or part time? _____ Name and location of school _____

(b) Will your spouse be employed during 2016-2017? If so, full or part time? _____

Employer: _____

Position: _____

Average Monthly Salary: \$ _____

12. Did you or do you expect to claim any Dependent on your Federal Tax Returns for the 2015 and 2016 tax years? _____

13. Please describe your three most recent jobs.

(a) Employer: _____

City: _____ State: _____ ZIP: _____

Dates: _____ Salary: \$ _____

Job Description: _____

(b) Employer: _____

City: _____ State: _____ ZIP: _____

Dates: _____ Salary: \$ _____

Job Description: _____

(c) Employer: _____

City: _____ State: _____ ZIP: _____

Dates: _____ Salary: \$ _____

Job Description: _____

14. Do you expect to be employed during the 2016-2017 school year? _____

Employer: _____

City: _____ State: _____ ZIP: _____

Dates: _____ Salary: \$ _____

Job Description: _____

15. What was your total income from all sources for the 2015 and 2016 Tax Years (include your spouse's income)? 2015: \$ _____; 2016: \$ _____

16. What is your estimated total income from all sources for the 2017 Tax Year (include your spouse's income)? \$ _____

17. List all financial aid received or expected from any source for the 2016-2017 school year.

<u>Loans</u> (specify type)	<u>Source</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Scholarships

_____ \$ _____

_____ \$ _____

Work/Study

_____ \$ _____

Other

_____ \$ _____

SECTION III - ACADEMIC INFORMATION

18. High School Name: _____

City: _____ State: _____

19. Undergraduate Institution

Name: _____

City: _____ State: _____

Dates of Attendance: _____ Date of Graduation: _____

Honors, Awards, or Special Recognitions: _____

Extracurricular Activities: _____

20. Graduate Institution (other than law school)

Name: _____

City: _____ State: _____

Dates of Attendance: _____ Date of Graduation: _____

Honors, Awards, or Special Recognitions: _____

Extracurricular Activities: _____

21. Law School

Name: _____

City: _____ State: _____

Are you a first or second year student? _____

Day or evening student? _____

Full-time or part-time? _____

Anticipated date of graduation: _____

GPA: _____ Grading Scale: _____

Class Rank: _____

Honors, Awards, or Special Recognitions: _____

Extracurricular Activities: _____

22. Have you previously attended any other law school? _____
If so, please explain: _____

SECTION IV - COMMUNITY SERVICE INFORMATION

23. Describe any community service activities.

Dates	Organization/Activity	Role/Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION V - OTHER INFORMATION

24. What is your level of proficiency in the Spanish language? _____

25. What are your career goals? _____

26. Where do you intend to practice after law school? _____

27. Have you ever been convicted of any crime, other than a moving violation? If so, please attach a detailed explanation.
28. Are you currently, or have you ever been, a party or a witness or involved in the representation of a party or a witness, in any proceeding involving the Cook County State's Attorney? Yes___ No _____ If you answered yes, please attach a detailed explanation of your involvement.
29. Have you ever clerked, volunteered or been a 711 in the Cook County State's Attorney's Office before? Yes___ No _____ If you answered yes, please attach a separate page indicating when, where and for whom you worked.
30. Are you a past recipient of a Hispanic Lawyers Scholarship Fund award? If yes, please provide amount and date of award: _____
31. Please explain in two pages or less why your background and experience illustrate a commitment to the legal and social needs of the Latino community.
32. Please submit one letter of recommendation from an individual (who is not related to you) who knows you personally.

SECTION VI - OTHER REQUIREMENTS

All fellowship finalists may be asked to appear before the HLSF Fellowship Selection Committee for a brief personal interview as a condition of further consideration by the Committee. If an in-person interview cannot be arranged, HLSF may, in its discretion, arrange for a phone interview.

Recipients will be honored at a reception, which will be held on Thursday, April 20, 2017 in Chicago, Illinois. Please let the Committee know if you would be unable to attend the reception if you are selected as a recipient.

SECTION VIII - APPLICANT'S CERTIFICATION

I hereby certify that:

1. I am not related to any officer/trustee of the Hispanic Lawyers Scholarship Fund.
2. I am currently registered as a law student at the ABA accredited law school identified in this application.
3. All information contained in this application is true and correct to the best of my knowledge and belief.

Signature _____

Date _____

Please return the completed application by **Friday, February 17, 2017** to:

Hispanic Lawyers Scholarship Fund of Illinois
c/o Joseph J. Torres, Chairperson
Winston & Strawn LLP
35 West Wacker Drive
Chicago, Illinois 60601
Email: jtorres@winston.com
Facsimile: (312) 558-5700

For additional information, contact Joseph Torres at (312) 558-7334 or jtorres@winston.com