GROW YOUR OWN LAWYER APPLICATION FOR PARTICIPATION IN SPRING, 2019

Name_____
First Last Middle

Address_____
Street City Zip Code

Cell_____Phone_____

Valid Email Address _____Date of Birth_____

Race_____ Gender (Circle) Male/Female Class (Circle) Junior/Senior

Mother's Name_____ Phone (Circle)Cell/Home_____

Mother's Address_____

Father's Name _____ Phone (Circle) Cell/Home_____

Father's Address_____

GPA (min 2.5 required) _____High School_____

Extracurricular and Community Activities/Employment

_____

_____

Why Do You Want To Participate In The Program?

_____

_____

_____

_____

Personal Reference/Name & Phone Number_____

_____

Circle Preferred Interview Day/Time **(pick one day and one time)**
Monday, January 14, 2019: 3:45/4:15/4:45 p.m. Tuesday, January 15, 2019: 3:45/4:15/4:45 p.m.

Interviews are held at the Wichita Bar Association.
Unless otherwise notified, selected date and time should be assumed confirmed.

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 Noon, Thursday, January 10, 2019 to:
Wichita Bar Association
225 N. Market, Suite 200, Wichita, KS 67202,
or by fax to 316-263-0629