

GATES PUBLIC SERVICE LAW SCHOLARSHIP

Personal Information | Recommender Information | LOR Waiver | Certification Statement

PERSONAL INFORMATION:

LSAC #

e-mail

Last Name

First Name

Middle Name

Former Name (if applicable)

Address

Apt.

City

State | Province

Zip | Postal Code

Country

How did you hear about the Gates Public Service Law Scholarship program?

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RECOMMENDER # 1 INFORMATION:

Last Name

First Name

Title

Institution | Company

Department

e-mail

Phone Number

RECOMMENDER # 2 INFORMATION:

Last Name

First Name

Title

Institution | Company

Department

e-mail

Phone Number

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LOR WAIVER:

I understand that Federal law provides me, after enrollment, with a right of access to the letters of recommendation, and that no school may require me to waive that right.

I hereby Waive Do Not Waive

my right to access the Letters of Recommendation.

CERTIFICATION STATEMENT:

Please consider my application for the Gates Public Service Law Scholarship. I have read and understand the Program Description, including the Terms and Conditions, and major obligations.

If invited, I will be available for the Finalists Weekend (dates to be determined).

I hereby declare and certify that all information provided in this application is accurate and complete.

Signature

Date

By checking this box I authorize the signature text above as the equivalent of my physical signature.