

# STUDENT MENTORING APPLICATION

Name: \_\_\_\_\_

School: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Areas of Interest: Please check all that apply.

|  |   |
|--|---|
| <input type="checkbox"/> Administrative Law              | <input type="checkbox"/> Insurance              |
| <input type="checkbox"/> Bankruptcy                      | <input type="checkbox"/> Litigation/Plaintiff   |
| <input type="checkbox"/> Contracts                       | <input type="checkbox"/> Litigation/Defense     |
| <input type="checkbox"/> Corporate/Business Organization | <input type="checkbox"/> Medical Malpractice    |
| <input type="checkbox"/> Commercial Financing            | <input type="checkbox"/> Mergers/Acquisitions   |
| <input type="checkbox"/> Criminal                        | <input type="checkbox"/> Personal Injury        |
| <input type="checkbox"/> Estate planning                 | <input type="checkbox"/> Probate                |
| <input type="checkbox"/> Family Law                      | <input type="checkbox"/> Public Finance (Bonds) |
| <input type="checkbox"/> Insurance                       | <input type="checkbox"/> Tax                    |
| <input type="checkbox"/> Intellectual Property Law       | <input type="checkbox"/> Workers' Compensation  |
| <input type="checkbox"/> Other _____                     |   |

Mail or fax application or send an email message to:

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