

Geoffrey Wright Solicitor General Fellowship Application

Applicant's Name: Last		First	M.I.
Mailing Address: Number	Stree	t	
City		County	
State		Zip Code	
E-Mail		Phone	
Applicants to the Geoffrey Wright So	olicitor General Fello	wship will work exclus	ively in the Solicitor General's Office.
Educational Background:			
Law School:			
City	State:	Dates A	ttended:
Degree:			
Additional Graduate Programs (i	f applicable):		
City	State:	Dates Atte	nded:
Degree:			
College:			
City	State:	Dates Atte	nded:
Daguage			

City	State:	Dates Attended:	
Degree:			
Please list all Bar m	emberships		
Jurisdiction	Date of admission	Have you ever faced any disciplinary action?	
		If yes, please explain on a separate sl	heet.
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Please list any upcor	ming Bar exams you pl	an to take Test date	
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Jurisdiction		Test date	
Jurisdiction Have you ever been expe	lled or faced disciplinary ac	Test date	
Jurisdiction Have you ever been expe		Test date	
Jurisdiction Have you ever been expe Yes (if yes, please e	elled or faced disciplinary actives where the second separate sheet)	Test date	ense
Have you ever been expe Yes (if yes, please e	elled or faced disciplinary actives where the second separate sheet)	Test date tion for violation of academic policies? No any jurisdiction or had your professional lice	ense
Jurisdiction Have you ever been expe Yes (if yes, please e Have you ever lost any ki restricted, limited, suspe	elled or faced disciplinary act explain on a separate sheet) and of professional license in	Test date tion for violation of academic policies? No any jurisdiction or had your professional lice	ense
Jurisdiction Have you ever been expe Yes (if yes, please e Have you ever lost any kinestricted, limited, suspe Yes (if yes, please e	elled or faced disciplinary act explain on a separate sheet) and of professional license in anded, revoked, canceled or p	Test date cion for violation of academic policies? No any jurisdiction or had your professional liculated on probation? No	ense

Letters of Recommendation:

Please provide the name, contact information, and a description of how you know the individual providing your letters of recommendation (e.g., former professor, former internship supervisor). At least one letter should be from a law school professor.

First Recommender First M.I. Last Mailing Address: Number Street City County State Zip Code E-Mail Phone Description of how you know the individual providing your letter of recommendation **Second Recommender** Last First M.I. Mailing Address: Number Street City County State Zip Code E-Mail Phone Description of how you know the individual providing your letter of recommendation

Personal Statement:

Applicants to the Geoffrey Wright Fellowship Program must include a personal statement of no more than 1,000 words. The statement should address:

- Why you are interested in the Geoffrey Wright Fellowship
- · Your commitment to public service
- Any relevant work or volunteer experience

Additional Statement:

Please submit an additional statement of no more than 500 words. The statement should address:

- · Your interest in appellate work
- Any appellate advocacy experience
- Any other relevant appellate experience or coursework