## 2014

## MINORITY SUMMER INTERNSHIP IN HEALTH LAW

New York State Bar Association Health Law Section

Applicant Information		
Full Name:		
Last	First	M.I.
Address:  Street Address		Aportmont// Init #
Street Address		Apartment/Unit #
City	State	ZIP Code
Telephone #:( ) Ema	ail:	
Law School:		
First Year  Second Year	Third Year	
Day Program:	Evening Program:	
Background Information		
Racial or Ethnic Group		
☐ American Indian/Alaskan ☐ Asian/Pacific Isla	nder Black/African America	an
☐ Hispanic/Latino Gender	☐ Other	
☐ Female ☐ Male		
Application Guidelines		
Attach the following materials to this application:		
1. A resume describing your prior employment and other relevant activities and qualifications.		
2. A law school transcript. (Transcripts need not be certified; finalists may be asked to provide certified transcripts.) Applications must be from a New York State accredited law school.		
3. An essay (maximum: two double-spaced typewritter reasons for wanting to participate in the Internship, inc		
4. Two letters of recommendation. (These may be the are confidential, they may be sent directly to the Intern	• •	ns. If these letters
Application deadline: April 13, 2014  Mail applications to: Lisa D. Hayes 300 West 135 <sup>th</sup> Street, Suite 5R New York, N.Y. 10030		
Or email applications and questions to : Idhayeslaw@gmail.com		
Certification: I hereby certify that all the statements contained and in are truthful, to the best of my knowledge and that I meet the eligibility		
Signature:	Date:	