**Disability Law Fellowship**

Applicant Information Sheet

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| **Contact Information** |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

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| **Education History** |
| Law School: |  |
|  Graduation Month: |  |
|  Graduation Year: |  |
|  Area of specialization, if  any: |  |
| Undergraduate School: |  |
|  Graduation Year: |  |
|  Degree: |  |
|  Area of Specialization: |  |
| Other Education: |  |
|  Graduation Year: |  |
|  Degree: |  |
|  Area of Specialization: |  |

**VOLUNTARY DIVERSITY SURVEY**

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| **Gender Identity** | **Pronouns** |
| Male |  | She/her/hers |  |
| Female |  | He/him/his |  |
| Gender fluid or Non-conforming |  | They/their |  |
| Other: | Other: |

|  |  |
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| **Race** | **Ethnicity** |
| White/Caucasian |  | Hispanic |  |
| Black/African American |  | Non-Hispanic |  |
| Latino/a/x |  | Country of Origin: |
| Asian |  |
| American Indian/Alaska Native/ Indigenous person |  | Primary Language: |
| Native Hawaiian or Pacific Islander |  |
| Two or More |  | Other Languages: |
| Other: |  |

|  |  |
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| Do you identify with a marginalized community? |  |
| If so, you may disclose that identity here: |  |