

The Charles Hamilton Houston Scholars Program

University of Baltimore School of Law

1420 N. Charles Street

Baltimore, Maryland 21201-5779

410.837.5218

Website: <http://law.ubalt.edu/chhsp>

Email: chhsp@ubalt.edu

APPLICATION SUBMISSION INSTRUCTIONS

All required components of this application must be submitted by **Friday, April 4, 2014.**

PERSONAL DATA

Name: _____
(First Middle Last)

SSN#: _____ **Date of Birth:** _____

Gender (M/F): _____

Current Address: (*Valid until: mm/dd/yyyy*) _____
Street: _____

City, State,
Zip: _____

Permanent Address: *Check if same as above*
Street: _____

City, State _____
Zip: _____

**Primary E-mail
Address:** _____

Cell Phone: _____

Home Phone: _____

Name: _____

Social Networks: *Please provide your username*

Facebook: _____ Twitter: _____

LinkedIn: _____

Ethnicity: *Check all that apply*

If you are a US citizen, please check the box that best describes your ethnic background.

Native American Indian* or Alaska Native

-Racial (*please specify*) _____

Ethnic Group (*please specify*) _____

* Native American applicants must provide a photocopy of their Tribal Enrollment Card. If you cannot supply a copy, please enter the following information:

Name of Tribe: _____ Your Tribal Registration Number: _____

FAMILY BACKGROUND

___ Married ___ Separated ___ Divorced ___ Widowed ___ Single

YOUR SIBLINGS:

BROTHERS: Number: ___ Age(s): _____

SISTERS: Number: ___ Age(s): _____

NAME AND RELATIONSHIP TO YOU OF ANY FAMILY MEMBER(S) WHO HAS ATTENDED LAW SCHOOL

NAME(S) OF THE PARENT(S) OR LEGAL GUARDIAN(S) WITH WHOM YOU LIVE: ___

Name: _____

PARENT/GUARDIAN/OTHER

NAME (LAST, FIRST, MIDDLE INITIAL)		
RELATIONSHIP TO THE APPLICANT (YOU)		
HOME ADDRESS CITY, STATE ZIP		
Home Telephone Number		
E-Mail Address		
Employer		
Occupation/Title		
Business Telephone Number		
Highest Grade Completed		
Name of College (IF ANY)		
Degree/certificate earned (IF ANY)		

CHARACTER INFORMATION

If the answer is "YES" to any of the following questions, please attach an addendum not to exceed one page for each.

Are you currently, or have you ever been, on academic suspension or academic probation, or,

Have disciplinary charges ever been filed against you at any institution of learning?

Are there any disciplinary charges that you expect to be brought against you at any institution of

Name: _____

Have you ever been convicted of or pled guilty to a crime other than minor traffic violations?

ACADEMIC INFORMATION

List all undergraduate colleges/universities you have attended (beginning with the most recent):

Current College/University:

Institution Name:

City, State:

Major:

Minor:

GPA:

Current Classification:

Number of credit hours you will have completed as of **June 1, 2014** (include transfer credits):

Anticipated date of graduation (*month/year*): _____

Name: _____

List any other colleges/universities you have attended:

1) Institution Name:

City, State: _____ From: _____ To: _____

2) Institution Name:

City, State: _____ From: _____ To: _____

LIST BELOW THOSE SCHOOL AND COMMUNITY ACTIVITIES THAT ARE MOST IMPORTANT TO YOU, LISTING ANY OFFICES HELD AND LEADERSHIP ROLES FIRST.

Name: _____

LIST BELOW ANY WORK EXPERIENCES YOU HAVE HAD.

EMPLOYER	JOB TITLE/POSITION HELD	DATES OF EMPLOYMENT	HOURS PER WEEK

LIST BELOW ANY HONORS YOU HAVE RECEIVED IN HIGH SCHOOL AND COLLEGE

Name: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO CONSIDER WHEN REVIEWING YOUR APPLICATION?

CERTIFICATION & RELEASE OF INFORMATION

Certification of Information

By signing this application, I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I understand that omission or misrepresentations of any facts in this application packet made by me will be considered adequate grounds for cancellation of acceptance.

Printed Name:

Signature: _____

Date: _____

Name: _____

ADDITIONAL REQUIRED APPLICATION COMPONENTS

ESSAY

Please answer the following questions observing the indicated word limits.

If you knew you could not fail, what would you do? (100 words)

What will you bring to CHHSP? (100 words)

Name: _____

RESUME

Please provide a detailed resume that includes any scholastic honors and awards that you have received. Also, please highlight your community services and extracurricular experiences. The resume should not exceed two typed pages.

LETTERS OF RECOMMENDATION (*May be sent separately*)

Please provide a letter of recommendation from people who know you well enough to assess your academic capabilities. The letters should be addressed to Professor Cassandra Jones-Havard, Program Director, and can be sent directly by the recommender to the Professor Jones-Havard at chhsp@ubalt.edu or can be submitted with your application packet in a signed and sealed envelope.

TRANSCRIPT

Please provide a copy of your current undergraduate transcript (or grade sheet, if applicable). Both official and unofficial transcripts are acceptable.