

# ABA SCHOLAR MENTOR PROGRAM

Please complete this form in order to become an ABA Scholar Mentor for the 2001/2002 academic year.

Name \_\_\_\_\_  
(Please print)

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Race/Ethnicity (Optional) \_\_\_\_\_

Undergraduate Institution \_\_\_\_\_ Year Graduated \_\_\_\_\_

Law School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Your Position/Type of Practice \_\_\_\_\_

Bar Association Activity: \_\_\_\_\_

\_\_\_\_\_

Outside Interests \_\_\_\_\_

\_\_\_\_\_

I would like to be contacted by students: at home \_\_\_\_\_ at work \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

The completed form should be returned via fax or mail to:

Ann Fiegen, Associate Staff Director

ABA/YLD

750 Lake Shore Drive

Chicago, IL 60611

