

# WVU LAW

## Veterans Advocacy Clinic

### CLINIC APPLICATION: 2017-2018

NAME: \_\_\_\_\_ EXPECTED GRAD. DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_@\_\_\_\_\_ PHONE #: \_\_\_\_\_

■ PLEASE LIST ALL COURSES COMPLETED RELEVANT TO THIS AREA (E.G., ADMINISTRATIVE LAW, HEALTH CARE LAW, TORTS, TRIAL PRACTICE, APPELLATE ADVOCACY, OTHER SKILLS COURSES, *ET.* PLEASE INCLUDE THE PROFESSOR'S NAME.)

COURSE NAME	YEAR & SEMESTER	PROFESSOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ PLEASE DESCRIBE ANY EXPERIENCE THAT YOU CONSIDER RELEVANT TO THE REPRESENTATION OF OUR VETERAN CLIENTS AS WELL AS ANYTHING ELSE IN YOUR BACKGROUND THAT YOU BELIEVE WOULD ENHANCE THE DIVERSITY OF THE CLINIC.

■ PLEASE ATTACH A CURRENT COPY OF YOUR RESUME.

■ PLEASE ATTACH A SHORT STATEMENT OF INTEREST: IN A BRIEF STATEMENT (NO MORE THAN ONE PAGE OR 500 WORDS, WHICHEVER IS SHORTER), PLEASE EXPLAIN WHY YOU ARE INTERESTED IN ENROLLING IN THE VETERANS ADVOCACY CLINIC.

■ PLEASE RETURN THIS APPLICATION AS A PDF BY FRIDAY, MARCH 24, 2017 VIA E-MAIL TO: [Jennifer.Oliva@mail.wvu.edu](mailto:Jennifer.Oliva@mail.wvu.edu)