

MNAPABA

600 Nicollet Mall
Suite 380
Minneapolis, MN 55402
<http://www.MNAPABA.org/>

Application for MNAPABA Summer Law Fellowship

MNAPABA awards the Summer Law Fellowship to a law student or recent law graduate who will, through a summer internship with a governmental or non-profit organization, serve underserved communities. The position must be arranged by the student, extend at least eight weeks or a total of 320 hours, and pay \$500 or less per week. Preference will be given to those directly serving Minnesota and/or Asian Pacific American communities.

Name of Applicant: _____

Law School: _____

Address of Law School: _____

In-School Address: _____

Permanent Address: _____

Telephone Number Day: _____ Evening: _____

E-mail address: _____

INSTRUCTIONS:

1. On a separate sheet, describe below in no more than 750 words the following:
 - a) Your upcoming internship and how it will benefit the underserved communities in Minnesota;
 - b) Your activities showing past and/or present commitment to public interest; and
 - c) Your ties to Minnesota.

2. Please identify below all other grants/scholarships/sources of funding for which you have applied and/or will be receiving during the period for which you seek the MNAPABA Summer Fellowship:

<u>Grant/Scholarship/Source of Funding</u>	<u>Amount and Status of Application</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Submit a signed letter from your summer supervisor (form on last page of application). If you have not finalized the internship, please explain your search and its current status.
4. Submit the following:
 - a) a resume, and
 - b) at least one letter of recommendation, which may be from a professor or former supervisor.
5. MNAPABA may interview candidates or request supplemental information.
6. All applicants will be notified via e-mail of the outcome of their applications.
7. To be submitted on time, the required information **must be e-mailed by 10:00 pm on May 1, 2019. If your application is not received by this deadline, it will not be considered.**

MNAPABA does not discriminate on the basis of age, sex, disability, race, color, religion, ethnic/national origin, veteran status, sexual preference, or any other status protected by law in the award of these fellowships.

I, the undersigned applicant, certify that all statements and information contained herein and in all application materials are true, correct and accurate to the best of my knowledge.

I, the undersigned applicant, recognize that if I am awarded this summer fellowship, I am responsible for any tax liability incurred by the fellowship.

I, the undersigned applicant, understand that if I receive a MNAPABA summer fellowship and if (a) I cease to work for the number of weeks or hours set forth above, (b) the nature of the work changes materially, (c) I change or leave the internship, (d) I become subject to academic discipline or cease to be enrolled in law school, or (e) I receive funding for the internship that I had not previously identified in the application, I must immediately provide written notice of such event or condition to MNAPABA, 600 Nicollet Mall, Suite 380, Minneapolis, MN 55402 or touch.thouk@stinson.com. In any such event or condition, MNAPABA shall determine, in its discretion, whether forfeiture of the fellowship or a modification of the terms or amount of the award is appropriate.

Signature of Applicant

Date

Print or Type Name of Applicant

**PLEASE SUBMIT ALL APPLICATION MATERIALS VIA THE FOLLOWING E-MAIL ADDRESS:
touch.thouk@stinson.com**

**TO BE TIMELY FILED, ALL APPLICATION MATERIALS MUST BE RECEIVED BY
May 1, 2019**

MNAPABA SUMMER FELLOWSHIP EMPLOYER FORM

This form must be submitted as part of the application for the Minnesota Chapter of the National Asian Pacific American Bar Association (MNAPABA) Summer Fellowship. It must be completed by an employer, supervisor or professor under whose supervision the applicant will be working during the period of the fellowship.

Employer Name: _____

Employer Address: _____

Immediate Supervisor
and Immediate Supervisor's
Telephone Number: _____

Is the Employer a Non-Profit Organization? Yes: _____ No: _____

Description of applicant's responsibilities during the fellowship period:

I, the undersigned employer/representative of employer, certify that _____ (name of applicant) will be working under my supervision and that all information contained in this form is true, correct and accurate to the best of my knowledge.

I, the undersigned employer/representative of employer, understand that if the applicant receives an MNAPABA Summer Fellowship and if (a) the applicant ceases to work for the number of hours set forth above, (b) the nature of the work changes materially, (c) the applicant leaves my employ or otherwise ceases to be supervised by me, or (d) the applicant becomes subject to academic discipline or ceases to be enrolled in law school, I must immediately provide written notice of such event or condition to MNAPABA, 600 Nicollet Mall, Suite 380, Minneapolis, MN 55402 or **touch.thouk@stinson.com**.

Signature of Employer/Representative of Employer

Date

Print or Type Name of Employer/Representative of Employer
