The Wolverine Bar Association
2018 Summer Clerkship Program

NAME: ___________________________________________ DATE: ________________

ADDRESS: ___________________________________________

TELEPHONE #: ___________________ EMAIL: _______________________

LAW SCHOOL: ______________________ LAW SCHOOL GPA (if known): __________

UNDERGRADUATE INSTITUTION: _______________________________________

UNDERGRADUATE GPA ___________________

NAME OF TWO RECOMMENDERS:

Recommender #1 __________________________ Relationship to Applicant

Recommender #2 __________________________ Relationship to Applicant

**Are you a member of the Wolverine Bar Association?**

Yes □ No □ (while membership is encouraged, it is not a requirement to participate in SCP)

**PLEASE CONFIRM THE FOLLOWING** (check the corresponding boxes where applicable):

□ You are in good standing with your law school.

□ You have ties to Southeastern Michigan and a desire to practice law in the metropolitan Detroit area after completing law school.

□ You will have completed a legal writing course before the clerkship begins.

□ By the time the clerkship starts, you will have completed no more than 15 courses (or no more than 30 credit hours) toward graduation.

□ You have not previously participated in the Summer Clerkship Program.

□ Provide Month/Year of Expected Graduation: ____________________

**Would you also like to be considered for participation in the Judicial Externship Program (JEP)?**
Yes □ No □ (If so, you must also complete the JEP Application)

APPLICATION CHECKLIST (All requirements must be met to be considered for the Program. Submit ALL the required documents as ONE single PDF):

- Cover Letter
- Current Resume
- Official or Unofficial Law School Transcript
- Writing Sample (Not to Exceed 5 Pages)
- Two (2) Letters of Recommendation
- One Page Personal Statement

I understand that SCP retains the right to rescind an offer to participate in the program. If selected for the program, SCP may terminate my participation in the program if I fail to comply with the program’s requirements.

I understand that, if chosen to participate in SCP, the selection committee, solely, decides my firm placement. My firm placement is non-negotiable.

By electronically signing this Application and Release, I agree that representatives from the Summer Clerkship Program can contact my law school professors and administrators for evaluations, grades, and recommendations.

Signature:_________________________________________ Date:__________________________

RETURN TO: WBAscp.jep@gmail.com