CHECKLIST / DEADLINE / MAILING INSTRUCTIONS

You must submit this application form along with the following required documents to complete your application by the deadline, **Monday, March 2, 2015**.

- Most recent undergraduate *official* transcript (see the last page of this application for a form to be handed into the Registrar’s Office at your college; the official transcript must be received by us on or before March 2, 2015)
- Resume
- Writing sample (limited to less than fifteen pages; can be an excerpt)
- Personal Statement (tell us about yourself, approximate two to four typed pages)
- Two letters of reference

Not including the last page of this application form (which goes to the Registrar’s Office at your college), please submit all materials to Sheila K. Johnson-Adkins by **Monday, March 2, 2015**.

By Email (must be date stamped on or before March 2, 2015) to:
johnsos1@stjohns.edu

or

By Regular Mail (must be postmarked on or before March 2, 2015) to:
Sheila K. Johnson-Adkins
The Ronald H. Brown Center at St. John’s School of Law
8000 Utopia Parkway
Jamaica, NY 11439

***** Please note that there is a separate process to apply for financial assistance. The forms to complete for financial assistance will be ready by early March 2015.

If you have any questions about the application process, please contact Sheila K. Johnson-Adkins at johnsos1@stjohns.edu or call 718-990-2492.
Inquiry Form

1. Student’s Name: ____________________________ Sex: M ___ F ___

2. Social Security Number: ______________________

   Other I.D. # ____________________________ What type: ____________________________

3. Date of Birth: Month ______ Day ____ Year _____

4. Current Mailing Address:

   Street/P.O. Box                                       Apartment #

   City                                          State          Country          Zip Code

   Daytime Telephone Number                                Evening Telephone Number

   Email Address: ______________________________________

5. Permanent Address (if different from above):

   Street/P.O. Box                                       Apartment #

   City                                          State          Country          Zip Code

   Daytime Telephone Number                                Evening Telephone Number

   Email Address: ______________________________________

Please indicate which address we should mail materials to:

□ Current Mailing          □ Permanent Mailing
6. Name of school you are currently attending: ________________________________________________
Undergraduate major: ___________________________________________________________________
Cumulative grade point average as of February 1, 2015: _________________________________
List College honors/awards: ___________________________________________________________

7. Educational Background:
Have you ever been tested for a learning disability?   Yes ___    No ___
If you answered no, please skip to question 8.

(a) If you were diagnosed with a learning disability, what was the diagnosis?
__________________________________________________________________________________

(b) If you were diagnosed with a learning disability, please attach the documentation certifying
your condition to this inquiry form.
(c) Have you received exam accommodations for your disability?   Yes ___    No ___
(d) Were you in special education programs during elementary or high school? 
   Yes ___    No ___
Briefly explain:
__________________________________________________________________________________

8. Personal Information:
Briefly explain why you are attending the Law School Prep Program
__________________________________________________________________________________

9. Place of Birth
Are you a citizen of the United States?   □ Yes    □ No
If not do you have a student visa?   □ Yes    □ No
If not do you have a work visa?   □ Yes    □ No

Please identify your race/ethnicity:
□ Asian/Pacific Islander
□ Black/African American
□ Native American/Alaskan Native (tribe)
Tribal registration number: __________________________________________________________
□ Chicano/Mexican
□ Cuban
□ Puerto Rican
□ Dominican
□ Other Latino/Latina.  (please specify): ______________________________________________
□ Caribbean.  (please specify):_______________________________________________________
□ White/Caucasian
□ Other (please specify): __________________________________________________________

10. Please indicate what language(s) is/are spoken in your household: __________________________
11. Please list any college extracurricular activities in which you participated and any officer or leadership positions held:

__________________________________________________________________________

12. Please list any AWARDS/HONORS you have received in college: academics, sports, musical ability, etc.

__________________________________________________________________________

13. Please list any special interests, talents or hobbies you may have:

__________________________________________________________________________

14. Please list any civic/religious/charitable activities in which you are involved and any officer and leadership positions held:

__________________________________________________________________________

15. Employment History:

Are you employed full time? _______ hours/wk____  Are you employed part-time? _______ hours/wk_____

Approximately how much of your earnings are used to support yourself? _____________________________

Current Employer Name & Location:_____________________________________________________________

Your position_____________________________________________________________

Are you receiving any financial aid? If so, specify sources and amounts for the academic years.

TAP _____  SEOP _____  Work Study _____  PELL _____  SEEK _____  Other _____

List all past employment that you have held since high school graduation and specify whether it is full-time or part-time.

<table>
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<tr>
<th>Employer and Location</th>
<th>Nature of Position</th>
<th>Reason for Leaving</th>
<th>Dates</th>
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16. Family Background Information:

Father’s Name: ________________________________ Occupation: ________________________________

Address: ______________________________________

Telephone Number: ____________________________  Cell Phone Number:_____________________

Level of Education: ____________________________
Mother’s Name: ____________________________ Occupation: ____________________________

Address: __________________________________________________________

Telephone Number: ____________________________ Cell Phone Number: ____________________________

Level of Education: ____________________________

If you are a dependent student, what is the source of your parents’ income, based on the following?
1040 tax return: $ ____________________________
Public assistance (SSI, TANF, etc.), enter amount per month: $ ____________________________

Are you married? □ Yes □ No
Name of Husband / Wife / Spouse: _____________________________________________________________________________

Address: _____________________________________________________________________________

Telephone Number: ____________________________ Cell Phone Number: ____________________________

Employer and Location: _________________________________________________________________

Level of Education: ____________________________

Total Income of husband/wife/spouse: _____________________________________________________

Do you have any children? ____________ If so, how many children do you have? ____________
What are your children’s names? ___________________________________________________
What are their ages? _______________________________________________________________

How many members are included in your household? ______ (Include self)

List the members of your household: (Include self)

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<th>Relationship to self</th>
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Annual household income information: $ ____________________________

17. Statement of Cultural, Economic, Physical or Educational Disadvantage:
Please describe any cultural, economic, physical or educational disadvantage that you (or your immediate family) have overcome:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
18. Criminal History:

Have you ever been convicted of a felony, misdemeanor or violation in any jurisdiction? □ Yes □ No

If so, please describe below. You must list every conviction. If you cannot recall all of your convictions, then you must indicate. If you list convictions (or pending charges), you may state facts in your favor. These facts will be considered in assessing your application.

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<tr>
<th>Charge</th>
<th>State</th>
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<th>Disposition</th>
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19. Are any criminal charges pending against you? □ Yes □ No

If yes, please describe below (listing offense, date, police precinct, name and location of court). This information will be reviewed in determining your suitability for the program.

____________________________________________________________________________________
____________________________________________________________________________________

20. Have you ever been arrested for a crime? □ Yes □ No

If yes, please describe below (listing offense, date, police precinct, name and location of court). This information will be reviewed in determining your suitability for the program.

____________________________________________________________________________________
____________________________________________________________________________________

21. Emergency Contact Information:

Name: ____________________________________________
Relationship to student: ___________________________
Street Address: ___________________________________
City: __________________ State: ___________ Zip Code ______________
Telephone #: (Home) ____________ (Work) ____________ (Cell) ____________
Email Address: ___________________________________

Name: __________________________________________
Relationship to student: ___________________________
Street Address: ___________________________________
City: __________________ State: ___________ Zip Code ______________
Telephone #: (Home) ____________ (Work) ____________ (Cell) ____________
Email Address: ___________________________________

22. Do you have medical or health insurance coverage? Yes or No

If yes what is your provider’s name? ____________________________________________
Provider #: ____________________________
23. Pursuant to the Prep Program rules, each student is required to devote full time and energy to the Prep Program during the course of the program. Absences and latenesses are not tolerated. The sophomore program runs from late May 2015 through late July 2015. Students are required to provide documentation of illnesses or other emergencies, if any should occur during the course of the program. Please let us know now whether there are other events or activities that we should be aware of that may interfere with your course of study during these months. If so, please state the name of the event and when the event will occur.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

24. Please provide the name, address, telephone number and email address of your undergraduate prelaw advisor and one other faculty advisor.

Undergraduate Prelaw Advisor:                                    Faculty Advisor:
Name: ___________________________________________________________
Address: __________________________________________________________
Email Address: _____________________________________________________
Telephone number: _________________________________________________

25. Have you spoken to your prelaw advisor and/or other faculty advisors about participating in the Ronald H. Brown Prep Program?
Yes ___ No ___

Note: We strongly encourage you to make contact with your undergraduate prelaw advisor and/or other faculty advisor before being admitted into the Prep Program.

26. Applicant and Faculty or PreLaw Advisor Signature:

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.

_____________________________       ___________________________         ______________
Student Name – Print   Student Signature    Date

____________________________     ______________________________      ______________
Advisor Name - Print   Advisor Signature   Date
FERPA Waiver and Permission

WHEREAS, the Family Educational Rights and Privacy Act (“FERPA”) (20 U.S.C. §1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

WHEREAS, FERPA gives parents certain rights with respect to their children's education records, these rights transfer to the “eligible students” when he or she reaches the age of 18 or attends a school beyond the high school level.

WHEREAS, schools generally must have written permission from the parent or “eligible student” to release any information from a student's education record to any outside individuals, entities and/or institutions.

NOW THEREFORE, by signing this FERPA Waiver and Permission, I waive my rights under FERPA and give permission, in our sole discretion, to disseminate my personal information as follows:

1. I agree to give full expressed acknowledgment, waiver, and permission allowing the Ronald H. Brown Law School Prep Program and St. John’s University School of Law personnel to review the information that I submit as part of being an applicant and/or participant in the Ronald H. Brown Prep Program (“Program”).

2. I agree that the submitted information as an applicant and/or participant in the Program will also include all of my academic records (and other relevant information) from now until completion of the bachelor or master’s degree. These records also include all LSAT scores, including any and all diagnostic LSAT scores.

3. All student information may be shared regularly with St. John’s University School of Law administrators and personnel and all current potential funders for this Program.

4. I agree to allow those involved with the Program, including but not limited to Professors Elaine Chiu and Rosa Castello, to use such academic and my student information for further research and scholarship, including but not limited to, academic publications and/or scholarly articles. This may include the distribution of my student information to outside institutions not affiliated or related to St. John’s University School of Law.

5. Best efforts will be taken to keep my student information (such as, but not limited to, my student name and social security number) confidential.

6. My signature below indicates that I have read and fully understand the contents of this FERPA Waiver and Permission.

7. I also affirm that my signature is fully voluntary and agree to all the terms set forth in this waiver and permission.

I authorize Professor Chiu to obtain from the Admissions Office, the Financial Aid Office, and the Registrar’s Office of my college institution any academic records/data pertinent to my participation in the Prep Program.

Signature of Applicant _____________________________ Date ______________________

Parent’s signature (if under 18) _____________________________ Date ______________________
GRADE RELEASE AUTHORIZATION FORM

To the Registrar of ________________________________

UNIVERSITY INSTITUTION

I, ________________________________, the undersigned, request and

PRINT FULL NAME

authorize the release of copies of my transcript to the Director of the Ronald H. Brown Center for Civil Rights and Economic Development (the “Center”), members of the Ronald H. Brown Prep Program (the “Prep Program”) planning committee, your undergraduate advisors, and others in discretion of the Director of the Center.

Records to be disclosed include:

• Grades for each course taken following my matriculation;
• Academic standing at the completion of each semester of matriculation; and
• Class rank at the completion of each semester of matriculation.

I give permission to release this information via postal mail or e-mail. Any associated cost of releasing the transcript will be the sole responsibility of the Prep Program at St. John’s University School of Law.

Please mail or e-mail my transcript to:

Professor Elaine M Chiu
The Ronald H. Brown Center for Civil Rights and Economic Development
St. John’s University School of Law
8000 Utopia Parkway
Jamaica, New York 11439
chiue1@stjohns.edu

By signing this authorization, I am waiving my rights of non-disclosure of these records under federal, state and other applicable laws or regulations and understand the risk of e-mailing grades. I agree to allow those involved with the Prep Program, including but not limited to the Director of the Center, to use such information for further research and scholarship, including but not limited to, academic publications and/or scholarly articles. This may include distribution of my student information to outside institutions not affiliated or related to St. John's University School of Law or the Center, the Prep Program. I understand that this information will be used solely for data gathering purposes, which include tracking academic progress as a form of outcomes assessment of the Prep Program and may be useful and necessary for funders to provide financial support to the Center and the Prep Program.

Signature: ___________________________ Date: _________________

Print:

First Name: ___________ Middle Initial: _________ Last Name: ________________

Social Security Number: ________________ Date of Birth: ________________

Address: __________________________________________________________________________

_________________________________________________________________________________