

# Selendy & Gay Fellowship

Please complete and submit application to:  
Selendy & Gay Fellowship Program  
c/o Josette Winograd  
Fellowship@selendygay.com

## CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Email \_\_\_\_\_ Phone Number \_\_\_\_\_  
Law School \_\_\_\_\_ Graduation Year \_\_\_\_\_

## BACKGROUND

### Check all that apply

- Asian       American Indian/Alaskan       Black/African American       Hispanic or Latino  
 Native Hawaiian/Pacific Islander       White       Other       I do not wish to self-identify

### Gender

- Female       Male       Non-binary       Other       I prefer to not answer

### Pronouns

- She/her/hers       He/him/his       They/them/their       Other \_\_\_\_\_       I prefer to not answer

### Sexual Orientation

- LGBTQA+       Heterosexual / Straight       Other       I prefer to not answer

### Disability

### US Veteran

### First Generation College Student

## PERSONAL ESSAY

Tell us about a time when you've overcome adversity. How did the experience impact your sense of resilience? (Please limit your response to no more than 1,000 words, double-spaced.)

Essays should be attached as a separate Word doc.

This is an application for a Selendy & Gay Fellowship; it is not an application for employment with Selendy & Gay. Only candidates who separately apply for and receive an offer of employment with the Firm are eligible to be considered for a Fellowship. While we encourage you to submit a Fellowship application at the same time you apply for employment with the Firm, we will notify you of our decision on this application only after we extend an offer of employment.

## CONFIRMATION

By signing this application, I hereby certify that the above and enclosed statements and information are true, accurate and complete to the best of my knowledge. I understand that any false or misleading statements and/or information given by me in connection with this application will disqualify me from consideration for the Selendy & Gay Fellowship Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_