

Application for The Dr. Arnold V. Giusini Memorial Award

First Name: _____ M.I. _____ Last Name: _____

Local Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pref. Email Address: _____@_____.com

J.D. student: yes no Anticipated Graduation Date: _____

Year/Division: 3 RD 4 ED Dec. 2015 Grad Cum GPA: _____ Class Rank: _____

Do you eventually plan on pursuing a career in academia? yes no

This award is given to a graduating student who is in the top 10% of the class, who is preparing to take the bar exam, and who has a sincere interest in eventually pursuing a career in academia. Please give a brief description, as well as examples, below on how you best meet the criteria for this award.

Signature: _____ Date: _____, 2016

Please send your completed application to Amy Loeffler in the Office of Student Affairs no later than
February 26, 2016 by 5:00pm.