

THURGOOD MARSHALL CLERKSHIP PROGRAM APPLICATION

*Sponsored by:
Maryland Office of the Attorney General
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First Name: _____ Last Name _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

School: _____

Year: _____ GPA: _____ Day Evening (Please check your program)

Please list your references below:

1. Name: _____
 - a. Contact Number: _____
 - b. Personal/Professional Reference (Please circle the best description of this reference)

2. Name: _____
 - a. Contact Number: _____
 - b. Personal/Professional Reference (Please circle the best description of this reference)

3. Name: _____
 - a. Contact Number: _____
 - b. Personal/Professional Reference (Please circle the best description of this reference)

****Reminder:** In addition to this application page, your application packet must include your resume, your essay articulating your commitment to equality and diversity and a copy of your transcript. (See the FAQ for additional information regarding 1L transcripts) **Application packets must be submitted by 5:30 pm on December 9, 2016 to tharvey@oag.state.md.us.** **