

FBHLS Student Stipend

Guidelines and Expectations

Purpose:

The Florida Bar Health Law Section is pleased to offer select Law Students an opportunity to attend and participate in the Section's continuing legal education programs at no cost through the Health Law Section's Stipend Program. On an annual basis, the Section has committed \$1,000 of its budget to pay program costs for select, qualified students with an interest in health law related issues. Program costs normally run \$150 - \$200 per student. By covering these costs on behalf of selected students, the Section hopes to promote leadership and professional development of the State's law students and further the participants' health law competencies, and career opportunities.

Participant Eligibility:

Applicants must be full time law students with an interest in health law attending an accredited Florida law school. Preference will be given to those applicants with diverse backgrounds, a history of commitment and participation in group activities, and who are willing to become involved in Section activities (newsletter articles, website development, webinars/seminars, etc...). Selected applicants will be responsible for travel and lodging costs as applicable. The continuing legal education program costs will be paid for from the Stipend.

Expectations:

Selected applicants will be expected to conduct themselves in an appropriate professional manner, and shall attend and participate in at least two section programs and/or meetings of their choice annually.

Submission:

Qualified applicants should submit their completed applications via email to WShepherd@floridabar.org with copy to steven.grigas@akerman.com. Decisions will be made on a rolling basis and will be communicated to Applicants for the upcoming continuing education season. Applicants who are not selected may be placed on an alternates list in the event of cancellations.

**The Florida Bar Association
Health Law Section Student Stipend**

APPLICATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

LAW SCHOOL: _____ DATE OF GRADUATION: _____

HONORS/AWARDS: _____

PUBLICATIONS: _____

SUBJECT MATTER INTEREST: _____

DESIRED PRACTICE AREA(S): _____

IN WHAT SIZE FIRM DO YOU INTEND TO PRACTICE:

___ Private Small Firm (1-5 Attorneys)

___ Private Medium Firm (6-20 Attorneys)

___ Private Large Firm (> 20 Attorneys)

___ Corporate In-House

___ Public Interest Law Group

___ Legal Services Corporation

___ Government (Circle one: local, state, federal)

___ Other, please specify: _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? IF SO, WHICH LANGUAGE(S):

PERSONAL HOBBIES/INTERESTS/BACKGROUND:

CLUBS/SOCIETIES/ASSOCIATIONS/LEADERSHIP ACTIVITIES

PLEASE PROVIDE COMMENTS ON WHAT YOU HOPE TO GAIN FROM THIS FELLOWSHIP, WHAT SETS YOU APART FROM OTHER APPLICANTS AND WHY SHOULD YOU BE SELECTED. (Additional pages may be attached as needed for response)

IS THERE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO CONSIDER PRIOR TO MAKING OUR DECISION ON YOUR APPLICATION"

I certify that the above information is true and accurate. I understand that the information in this application form will be shared with members of the Health Law Sections review committee. Information received from applicants will be kept confidential and shall not be shared with others except for purposes of the selection process unless otherwise agreed to by the applicant..

SIGNATURE: _____ DATE: _____