

## Weaver Fellowship Application

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Are you currently a student in good standing at the University of Cincinnati College of Law?

Yes

No

Are you applying for or do you receive financial aid other than from a Weaver Fellowship with the College of Law for the upcoming academic year?

Yes

No

What areas of law other than mental health law/law and psychiatry are you interested in?

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I certify that the information contained in this application and in any materials supporting this application is complete and accurate. I understand that falsification or misrepresentation of any information may disqualify my application for a Weaver Fellowship. In addition, I authorize the Office of Admissions at the College of Law to release any information in my admissions file requested by the Weaver Fellowship Committee which is pertinent to my candidacy for a Weaver Fellowship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your interest in a Weaver Fellowship.**