



PRO BONO LEGAL RESEARCH PROGRAM APPLICATION

Name _____

Telephone _____

E-Mail _____

Expected Graduation Date _____

Particular Areas of Interest _____

Languages Spoken _____

Number of Hours Available Weekly _____

Signature: _____

I certify that I am not currently on academic oversight or academic probation (2.0 GPA or below). By signing above, I give HOPE permission to verify that my GPA qualifies me for the Pro Bono Legal Research Program. I also authorize HOPE to forward my contact information to the Pro Bono Attorney, with whom I have been selected to work.