



# California Attorney General's Honors Program Application

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Applicants to the Earl Warren Solicitor General Fellowship will work exclusively in the Solicitor General's Office.

## **Educational Background:**

Law School: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Additional Graduate Programs (if applicable): \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

College: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Additional College (if applicable): \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

**Please list all Bar memberships**

Jurisdiction	Date of admission	Have you ever faced any disciplinary action? If yes, please explain on a separate sheet.

**Please list any upcoming Bar exams you plan to take**

Jurisdiction	Test date

**Have you ever been expelled or faced disciplinary action for violation of academic policies?**

Yes (if yes, please explain on a separate sheet)                      No

**Have you ever lost any kind of professional license in any jurisdiction or had your professional license restricted, limited, suspended, revoked, canceled or placed on probation?**

Yes (if yes, please explain on a separate sheet)                      No

**Have you ever been convicted of any crime as an adult?**

Yes (if yes, please explain on a separate sheet)                      No

## Letters of Recommendation:

Please provide the name, contact information, and a description of how you know the individual providing your letters of recommendation (e.g., former professor, former internship supervisor). At least one letter should be from a law school professor.

### First Recommender

\_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Mailing Address: Number Street

\_\_\_\_\_  
City County

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
E-Mail Phone

Description of how you know the individual providing your letter of recommendation

### Second Recommender

\_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Mailing Address: Number Street

\_\_\_\_\_  
City County

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
E-Mail Phone

Description of how you know the individual providing your letter of recommendation

## **Personal Statement:**

Applicants to the Attorney General's Honors Program must include a personal statement of no more than 1,000 words. The statement should address:

- Why you are interested in the Attorney General's Honors Program
- Your commitment to public service
- Which legal division you are interested and why
- Any relevant work or volunteer experience

## **Legal Division Preference (optional):**

Honors Program positions will be available in the Civil, Criminal, and Public Rights Divisions of the Attorney General's Office. If you are interested in being placed in a particular division, please note the division below. We will make an effort to honor preferences, but placements will depend on staffing needs.

Division Preference: \_\_\_\_\_