

**Center for Reproductive Rights-Columbia Fellowship
Application Form
Fellowship Year 2011-2013**

Full name: _____

Law School and Graduation Year: _____

I would be able to accept the fellowship from _____ to _____

Primary Contact Information

Address: _____

Email: _____

Telephone: _____

Information valid from _____ to _____

Secondary Contact Information

Address: _____

Email: _____

Telephone: _____

Information valid from _____ to _____

I understand that the term of the fellowship must fall between June 2011 to July 2013. I agree that in addition to completing a substantial piece of scholarship, I will assist in the planning and hosting of academic conferences and/or roundtable discussions and the creation of curricular materials as part of my work at CRR. Thus during the course of the Fellowship, I will reside in a location that makes such participation practical. I agree to submit an addendum to this application if for some reason I might not be able to meet these requirements.

Signature: _____

Date: _____

The Fellowship Committee will consider those who would not be able to accept the Fellowship for the full two years, but only on the understanding that the fellow's financial assistance will be prorated.