

## Indiana Disability Rights Law Fellowship

### Applicant Information Sheet

<b>Contact Information</b>	
Name:	
Address:	
Phone:	
Email:	

<b>Education History</b>	
Law School:	
Graduation Month:	
Graduation Year:	
Area of specialization, if any:	
Undergraduate School:	
Graduation Year:	
Degree:	
Area of Specialization:	
Other Education:	
Graduation Year:	
Degree:	
Area of Specialization:	

#### **VOLUNTARY DIVERSITY SURVEY**

<b>Gender Identity</b>		<b>Pronouns</b>	
Male		She/her/hers	
Female		He/him/his	
Gender variant or Non-conforming		They/their	
Other:		Other:	

<b>Race</b>		<b>Ethnicity</b>	
White/Caucasian		Hispanic	
Black/African American		Non-Hispanic	
Latino/a/x		Country of Origin:	
Asian		Primary Language:	
American Indian/Alaska Native/ Indigenous person		Other Languages:	
Native Hawaiian or Pacific Islander			
Two or More			
Other:			

Do you identify with a marginalized community?	
If so, you may choose to disclose that here:	