FITZPATRICK LENTZ & BUBBA
ATTORNEYS AT LAW

FLB Pre-Law Shadow Program Application

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____ _____
Street Address Apartment/Unit #

_____
City State ZIP Code

Phone: _____ Email: _____

Education

School: _____ Major: _____Graduation Year: _____

What are your career aspirations / goals?

How do you envision the FLB Pre-Law Shadow Program will assist you reach those goals?

Signature:_____ Date: _____

E-mail application to info@flblaw.com or fax to 610-797-6663 – Attention: Shadow Program