

CLINICAL SERVICE CONVOCATION AWARD

The Law Alumni of Color Association is pleased to announce that it will award the Clinical Service Convocation Award to one graduating JD member of the All-ALSA Coalition in **2025**. The amount of the award is \$1,000.

REQUIREMENTS

- 1. Nominees must be a member and active participant in a student of color organization (APALSA, BLSA, LaLSA, MENALSA, NALSA, SALSA, or Women of Color Collective).
- 2. Nominees must be third year students in good academic standing.
- 3. Nominees must have a record of academic excellence.
- 4. Nominees must have been an outstanding member of at least one clinic.
- 5. Nominees must have demonstrated commitment to public interest/public service and must intend to pursue careers in public interest law.

INSTRUCTIONS

Nominations will be accepted from faculty, from other students, and from oneself.

In order to nominate someone, you must submit an application package as follows:

- 1. Submit one consolidated PDF file containing all documents in the package.
- 2. Name the PDF "Clinical Service Award [Name of Nominee]"
- 3. The application *must* include:
 - a. A completed version of the attached Nomination Form.
 - b. A short statement of no longer than 750 words explaining why you believe the nominee is worthy of receiving the Award, consistent with the requirements outlined above.
 - c. The nominee's current resume or curriculum vitae.
- 4. The application *may* include, and will merit strong consideration if it is supported by:
 - a. One or more letters from the nominee's law school professors or employers.
- 5. Email the PDF to law.laca@nyu.edu by 4:00 p.m. on **Monday, February 17, 2025**. Late submissions will not be accepted.

Recipients will be notified of their award at convocation.



CLINICAL SERVICE CONVOCATION AWARD

—2025— NOMINATION FORM

| NOMINEE INFORMATION | |
|---|--|
| NAME: | |
| NYU LAW CLASS YEAR: | |
| STUDENT OF COLOR ORGANIZATION AFFII | LIATION: |
| NOMINATOR INFORMATION | |
| NAME: | |
| NYU LAW CLASS YEAR: | |
| NYU ID NUMBER: | |
| ADDRESS: | |
| PHONE: | |
| EMAIL: | |
| NOMINATOR ATTESTATION | |
| I hereby attest that my statements on this form, and correct to the best of my knowledge, and a | and any attachments submitted with it, are true re made in good faith. |
| Signature | Date |