

# ATTENTION KENTUCKY HIGH SCHOOL AND COLLEGE STUDENTS!

Do you want to be a Lawyer? Are you interested in Law?  
Could you be a judge?

## NOW accepting Applications for the 2024 Kentucky Bar Association Young Lawyer's Division Why Choose Law Program

WHAT	The <i>Why Choose Law</i> program is a one day program aimed at encouraging students of diverse backgrounds to become lawyers and practice in Kentucky by exposing them to the practice of law before entering law school.
WHO	The program is for Kentucky high school and college students who are from groups typically underrepresented in law school classes, to include racial and ethnic minorities; people with disabilities; varied religious affiliations, geographic, socio-economic backgrounds; and sexual orientation groups.
WHERE	Salmon P. Chase College of Law Highland Heights, KY
WHEN	Monday, June 10, 2024

**The program is FREE to all participants!** You must provide your own transportation to and from Highland Heights.

**The application must be completed with all required signatures and received by May 31, 2024.**

Questions? Contact Calesia Henson  
[ky.esquire12@gmail.com](mailto:ky.esquire12@gmail.com) or 502-424-9669

## Program Application

(Please print or type)

### A. Personal Data

**1. Your full legal name:**

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Middle Initial (if any): \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

**2. Gender:**      ☐ Male      ☐ Female

**3. Race:**      ☐ White/Caucasian      ☐ Black/African-American  
                 ☐ Asian/Pacific Islander      ☐ Bi-racial      ☐ Other

**Ethnicity:**      ☐ Hispanic/Latino      ☐ Non-Hispanic

**4. Do you require any accommodations due to a disability?**      ☐ Y      ☐ N

**5. Email Address:** \_\_\_\_\_

**6. Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**7. Home Telephone Number:** \_\_\_\_\_

**8. Cell Phone Number:** \_\_\_\_\_

**9. Full Name of Parent/Guardian (for high school students only):** \_\_\_\_\_

**10. Parent/Guardian daytime phone number (for high school students only):** \_\_\_\_\_

**11. Parent/Guardian evening phone number (for high school students only):** \_\_\_\_\_

**12. Emergency Contact Information:**

☐ Parent      ☐ Guardian      ☐ Other (specify): \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

## B. Educational Data:

**13. Current Class:**      \_\_\_\_ High School Freshman      \_\_\_\_ High School Sophomore  
                                 \_\_\_\_ High School Junior      \_\_\_\_ High School Senior  
                                 \_\_\_\_ College

### Current High School or College Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Kentucky County: \_\_\_\_\_

**14. List extracurricular activities in which you have participated during your high school or college career, including employment, civic activities, school leadership positions, and school and community sports programs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## C. Have you previously participated in a KBA Why Choose Law Program?

A.) \_\_\_\_ YES      \_\_\_\_ NO

B.) If yes, please provide the year you participated in the program: \_\_\_\_\_

**D. Please answer the following questions in the space provided. You are welcome to attach your written or typed answers on additional pieces of paper, if needed.**

- A) What is it about this program that interests you?
- B) How would participation in this program enhance your educational goals?
- C) What benefit(s) do you expect to receive from participating in this program?
- D) Are there any unique personal or academic characteristics about yourself that you would like the Kentucky Bar Association to know as it considers your application for this program?

### **D. Submitting the Application**

The application must be completed with all required signatures and returned to the email below by **May 31, 2024**.

*Incomplete, unsigned or undated applications will not be considered.*

I certify that this information is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations of The Kentucky Bar Association. I will provide my own transportation to and from the program.

**Applicant Name (Print):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if Applicant is under 18):** \_\_\_\_\_

**If the applicant is a high school student, the Signature of the Applicant's Guidance Counselor or a Teacher is required as verification that the Applicant is currently enrolled in a Kentucky High School:**

**Name of Guidance Counselor/Teacher of the Applicant (Print):** \_\_\_\_\_

**Signature of Guidance Counselor/Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***THIS APPLICATION HAS 4 PAGES.  
PLEASE MAKE SURE ALL 4 PAGES ARE SUBMITTED.***

***By May 31, 2024, submit the application electronically to:***

**Calesia Henson**  
2023-2024 KBA YLD Diversity Committee Co-chair  
[ky.esquire12@gmail.com](mailto:ky.esquire12@gmail.com)  
Phone: 502-424-9669

(Note: Application must be received by May 31, 2024. Applicants will be notified within three (3) days of receipt of their application.)