



## 2021 1L Diversity Scholarship Application

This scholarship provides a \$10,000 monetary award for law school-related expenses and a guaranteed summer associate position in our 2021 Summer Associate Program after the scholarship recipient's first year of law school. To receive the scholarship, the recipient must join the 2021 Summer Associate Program and the monetary award will be paid at the start of the program.

To be eligible, you must be a first-year law student who is a person of color, LGBT, a person with a disability or a person whose background or experience would contribute to the diversity of Vedder Price

and the legal profession. Applicants must be enrolled in one of the following law schools: Boston University, Columbia, Cornell, Duke, George Washington, Georgetown, Harvard, Northwestern, Notre Dame, NYU, Stanford, University of California-Berkeley, University of California-Los Angeles, University of Chicago, University of Michigan-Ann Arbor, University of Minnesota, University of Pennsylvania, University of Southern California, University of Texas-Austin, University of Virginia, Vanderbilt, Washington University in St. Louis or Yale.

**Applications must be submitted via email and will first be accepted December 1, 2020. Applications must be submitted by January 15, 2021. Interviews will be held on a rolling basis.**

**Our Chicago and New York scholarship recipients will be notified by March 1, 2021.**

I am applying for the Chicago Diversity Scholarship and a position in the 2021 Chicago Summer Associate Program working in the Corporate, Labor & Employment and Litigation practice areas.

I am applying for the New York Diversity Scholarship and a position in the 2021 New York Summer Associate Program working in the Labor & Employment and Litigation practice areas.

### PERSONAL INFORMATION

Name:

Current Address:

Phone:

Email Address:

Employment Authorization: Do you require employer sponsorship to legally work in the U.S. post-law school graduation? **Yes** **No**

### EDUCATION

	Name of Institution	Degree Awarded	Dates Attended	GPA
Undergraduate Institution(s):				
Graduate School(s), if applicable:				
Law School:				



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### ACTIVITIES AND ACHIEVEMENTS

Please list any significant activities you have participated in and achievements you have accomplished dating from your undergraduate years to the present (please attach a separate sheet if needed).

	Activity/Achievement	Dates Involved	Description of Activity/Achievement
Undergraduate Institution(s):		-	
		-	
Graduate School(s), if applicable:		-	
		-	
Law School:		-	

### REFERENCES

Please list the names and contact information for your references (no more than three). At least one of your references must be a professor or instructor.

Name:	Title:
Employer/Institution:	Relationship:
Address:	
Phone:	Email Address:

Name:	Title:
Employer/Institution:	Relationship:
Address:	
Phone:	Email Address:

Name:	Title:
Employer/Institution:	Relationship:
Address:	
Phone:	Email Address:

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### DOCUMENTS

Please attach the following documents to this application:

1. Your resume;
2. An official copy of your undergraduate transcript(s);
3. An official copy of your graduate school transcript(s) (if applicable);
4. The Summer Associate Employment Application and EEO Forms; and
5. A personal statement, not exceeding two pages, which describes your talents, qualities and experiences and conveys how you would contribute to the diversity of Vedder Price and the legal profession, based upon your personal and academic background and experiences. In preparing your personal statement you are not required to disclose your gender, race, national origin, sexual orientation or the nature of any disability.

The scholarship recipients will be required to submit an official law school transcript.

### CERTIFICATION

Applicants should know that all information provided in this application is subject to verification by Vedder Price. Information provided in connection with this application will be kept strictly confidential and will be used only for purposes related to your consideration for a Vedder Price scholarship. Once selected, the scholarship recipient's name and school may be published on our website, in our recruiting materials, in marketing materials and/or in press releases. Your signature on this application provides consent to such publication.

I certify that the information on this application and on all accompanying materials is true and accurate to the best of my knowledge. I understand that misrepresentation of application information may result in the revocation of a scholarship and/or termination of any offer of employment.

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

### APPLICATION SUBMISSION

To be considered for the scholarship, all required documents must be submitted in one complete package. **Partial applications will not be given consideration.**

**APPLICATIONS MUST BE EMAILED BY JANUARY 15, 2021.**

Please submit your complete application package, or direct any questions regarding your application, to:

**Chicago Applications:**

**Pamela G. Masters**  
Manager of Legal Recruiting  
pmasters@vedderprice.com

**New York Applications:**

**Elise H. Rippe**  
Manager of Legal Recruiting  
erippe@vedderprice.com



## APPLICATION FOR SUMMER ASSOCIATE POSITION

(AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL INFORMATION

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

STATE

ZIP

PERSONAL PHONE NO.:

PERSONAL EMAIL:

DATE:

### EMPLOYMENT DESIRED

POSITION:

VEDDER PRICE LOCATION:

ARE YOU CURRENTLY EMPLOYED?

YES

NO

CURRENTLY ENROLLED IN LAW SCHOOL

ARE YOU A PREVIOUS VEDDER PRICE APPLICANT?

YES

NO

POSITION:

DATE:

ARE YOU RELATED TO ANY CURRENT VEDDER PRICE  
EMPLOYEE/SHAREHOLDER?

YES

NO

TITLE:

DO YOU REQUIRE EMPLOYER SPONSORSHIP TO  
LEGALLY WORK IN THE U.S. POST-LAW SCHOOL  
GRADUATION?

YES

NO

HOW DID YOU LEARN ABOUT THE POSITION?

IF YOU WERE REFERRED BY A VEDDER PRICE EMPLOYEE, LIST NAME HERE:

I certify that all of the information I have provided on this application is true and complete. I understand that I may not be hired, or, if I am employed, I may be discharged if the information I have provided is not true and complete.

I authorize Vedder Price to investigate any of the information I have provided and I authorize my former employers and the references listed above to provide any information they may have concerning me, including information about my education and past employment. I release Vedder Price from all claims for obtaining any such information and my references and former employers from all claims for providing any such information.

I understand that, if hired, I will be an employee at will and that my employment may be terminated at any time for any reason, with or without notice or cause. I further understand that no partner or employee of Vedder Price has authority to make any promises or agreements to the contrary.

NAME:

DATE:

### EQUAL EMPLOYMENT OPPORTUNITY

Vedder Price P.C. is an equal opportunity employer. We value and encourage diversity and solicit applications from all qualified applicants without regard to race, color, gender, sex, age, religion, creed, national origin, ancestry, citizenship, marital status, sexual orientation, physical or mental disability (where applicant is qualified to perform the essential functions of the job with or without reasonable accommodations), medical condition, protected veteran status, gender identity, genetic information, or any other characteristic protected by federal, state, or local law. We participate in E-verify.

Applicants who are interested in applying for a position and require special assistance or an accommodation during the process due to a disability should contact the Vedder Price Recruiting Team at [recruiting@vedderprice.com](mailto:recruiting@vedderprice.com).

**VOLUNTARY SELF-IDENTIFICATION**

To enable us to meet government reporting obligations, as well as for purposes in responding to client requests and third-party surveys, we would like you to complete this self-identification form. You are not required to complete this form or provide this information but are encouraged to do so. This information will be used solely for government reporting, responding to client requests and third-party surveys and will be kept separate from your personnel file. Any information you choose to provide will not be considered for employment purposes and will be kept confidential. Your voluntary cooperation is appreciated.

I. Name: \_\_\_\_\_  
(Please Print)

II. Gender:

- Male
- Female
- I do not wish to furnish this information

III. Ethnic Category (check one):

- White (Not of Hispanic Origin)
- Black or African American (Not of Hispanic Origin)
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian (defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam)
- Native Hawaiian or Other Pacific Islander (defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- Two or More Races (defined as all persons who identify with more than one of the above five races)
- I do not wish to furnish this information

IV. Sexual Orientation:

- I self-identify as gay, lesbian, bi-sexual or transgender
- I do not wish to furnish this information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INVITATION TO SELF-IDENTIFY AS A VETERAN

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the

effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

NAME:

DATE:

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- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN OR I CHOOSE NOT TO DISCLOSE

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. Vedder Price's various action oriented programs help the Firm maintain equal employment opportunity in the workforce, reaffirming its commitment to the spirit and letter of affirmative action law.

Voluntary Self-Identification of Disability

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

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_