

FELLOWS NOMINATION FORM

PART 1: Nominee's Biographical Data

Name: _____

Firm or entity name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Year admitted to practice in Ohio: _____ OSBA district number: _____ Supreme Court Number: _____

Other states/bars in which admitted and dates of admission, if known:

State: _____ Date: _____

State: _____ Date: _____

This information is *optional* but helpful in achieving a more representative class of attorneys:

Date of birth: _____ Gender: _____ Race: _____

PART 2: Community Involvement

List activities in community in which the nominee volunteers or has volunteered, including charitable organizations, community-based organizations, law-related organizations, and bar association—state, local, or national:

Please indicate if the nominee is:

- Past or present officer or member of the Ohio State Bar Association Board of Governors
- Dean of an American Bar Association accredited Ohio law school
- Justice of the Supreme Court of Ohio

PART 3: Completed by the Nominator or Self-nominee:

State the reasons why the nominee would be an asset to the Ohio State Bar Foundation. Attach supporting information, if appropriate.

PART 4: Completed by the Self-nominee:

Provide the name and contact information for two references, who know about your professional and community involvement.

Part 5: Current Resume, Curriculum Vitae, or Biographical Sketch

Please attach the nominee's current resume, curriculum vitae, or other similar indicia of professional competence, accomplishment, and community service.

Part 6: Certification

By signing this form, you certify that, to your knowledge, the nominee is in good standing with the Supreme Court of Ohio, any other state in which the nominee is admitted to practice, and has no current or pending disciplinary actions.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Signature: _____ Date: _____

The Deadline for Nominations is December 15.

Please return completed form & accompanying documents to Liz Volpe, Program and Events Manager.

Email: lvolpe@osbf.net

Phone: 614/487/4474

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Columbus, OH 43216-6562