



Southern University Law Center  
**Pro-Bono Project**  
Student Application

Name

First

Middle

Last

Address

Street

Apt/No

City

State

Zip Code

1L 2L 3L

Email

Classification

Telephone

Are you currently involved in pro-bono services?

☐ Yes

☐ No

If (Yes), please provide the information below:

Organization Name

Type of Organization: ☐ Government ☐ Judicial ☐ Legal Services ☐ Private ☐ Student Organization  
☐ Other (Please List)

Field of Law:

☐ Civil Rights ☐ Consumer ☐ Criminal Defense ☐ Custody/Guardianship ☐ Death Penalty  
☐ Domestic Violence ☐ Education ☐ Elder ☐ Employment ☐ Environmental ☐ Health  
☐ State/Local/Federal Government ☐ Immigration ☐ Juvenile ☐ Legal Education ☐ Non-Profit ☐ Public Benefits  
☐ Wills/Trust ☐ Other (Please List)

Address

Street

Apt/No

City

State

Zip Code

Hours of Service (☐ Monthly ☐ Bi-Weekly ☐ Weekly)

Date of Completed Hours

Supervisor

First Name

Last Name

Email

Telephone

Student Signature

Supervisor Signature

Please return all forms to any Executive Council Member