



FITZPATRICK LENTZ & BUBBA
ATTORNEYS AT LAW

FLB PRE-LAW SHADOW PROGRAM APPLICATION

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Education

School: _____ Major: _____ Graduation Year: _____

Why do you want to be part of FLB's Pre-Law Shadow Program?

Signature: _____ Date: _____

E-mail application to careers@flblaw.com or fax to 610-797-6663 - Attention: Shadow Program