Certification of Hours Completed at a Non-Profit Organization/Governmental Entity for the SCCLA Fellowship

Name of Applicant			
Name of Supervising Attorney			
3. Email address of Supervising Attorney			
4. Name of Organization			
5. Address of Organization			
TO BE COMPLETED BY SUPERVISOR:			
certify that	has completed	hours	from
[NAME OF LAW STUDENT]			MM/DD/YYYY
to			
MM/DD/YYYY			
Applicant's duties were satisfactorily performe Yes No (If "no" applicant's performance was		y in the following	respects:)
If there is any other information that you would eligibility for the SCCLA Fellowship Award, p			l in evaluating the student's
Signature of Attorney / Supervisor			
Attorney's / Supervisor's Printed Name			
Dated (MM/DD/YYYY)			