ASIL & WILIG Women in International Law Mentoring Program Mentee Application Form

Name:	
City/State (current):	_ City/State (Aug. 2014–June 2015):
Email:	Phone:
Have you participated in the Program b	pefore? (Yes/No): If yes, what city was your group located?
How did you hear about our Program?	
(Years of experience in international la	w:Years since graduation:
Employer (and title for new profession	als):
(For students) Law School:	
Class:	Expected graduation:
· ·	n NGO International Organization Academia Other (please specify):
constraints, we cannot guarantee this):	(We try to find mentors with your interests, but given geographical
career development, resume drafting, n	ain why you would like to join the WILIG Mentoring Program (e.g.,
By signing below, you agree to	
 Become a member of ASIL and Participate in a year-long mento Meet seven times a year, and er Share openly your thoughts and Treat all participants with respe Partake in program evaluation seems 	surveys as they are sent to you.
Signature	Date

Please fill out this form and return it to ilfellow1@asil.org by July 1, 2014.