



# Diversity & Inclusion

## February 2015 Diversity Bar Examination Grant Application

Please submit your completed and signed application, along with additional required documents, by email to [diversity@osbar.org](mailto:diversity@osbar.org), or by fax to (503) 598-6938.

This form has been optimized to save, print and email using Adobe Reader™. Download the current version at [get.adobe.com/reader](http://get.adobe.com/reader).

**Questions?** Contact Toni Kelich: (503) 431-6338, or toll-free in Oregon (800) 452-8260 ext. 338

### Criteria and Evaluation

1. Candidates must file their Oregon State Bar Examination applications with the Oregon State Bar by the bar examination grant application deadline. The grant is subject to qualifying for and taking the Oregon State Bar Examination.
2. Grant determinations are based on a combination of the following:
  - Personal Statement .....(35 points)
  - Legal Writing Ability .....(25 points)
  - Academic Achievement .....(15 points)
  - Financial Need .....(15 points)
  - Work Experience and Honors.....(10 points)

### Deadline

The following Application Form and Materials are due by **November 15, 2014**. Incomplete applications will be rejected if materials are not submitted in a timely manner.

- Application Form .....(Parts A - D)
- Law School Transcript .....(unofficial or official)
- Financial Need .....(Part E)
- Personal Statement .....(Part F)
- Legal Writing Sample .....(Part G)
- Certifications .....(Part H)

### Optional

If you are not selected for a Diversity Bar Exam Grant, the Oregon Minority Lawyers Association (OMLA) offers an identical grant award to unsuccessful OSB applicants. To be considered for the OMLA award, we would share your name, contact information, and scores only. OMLA makes their own award determinations, and will contact you directly if you are selected for their award.

Would you like us to share your name, contact information and score with OMLA in the event you are not selected for an OSB award?

Yes  No

## Part A: Background and Personal Information

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. Personal: Please answer the following:

\_\_\_ Yes \_\_\_ No Have you previously received an Oregon State Bar Diversity Bar Examination Grant?

\_\_\_ Yes \_\_\_ No Have you ever been placed on academic probation?

\_\_\_ Yes \_\_\_ No Have you ever been required to withdraw from any school for academic reasons?

\_\_\_ Yes \_\_\_ No Have you ever been the subject of any disciplinary action taken by any school or college?

\_\_\_ Yes \_\_\_ No Have you been required to interrupt your undergraduate or graduate coursework for one or more terms for any reason?

\_\_\_ Yes \_\_\_ No Have you ever been convicted of a felony or misdemeanor?

\_\_\_ Yes \_\_\_ No Are there any criminal charges pending against you other than charges for a minor traffic violation?

\_\_\_ Yes \_\_\_ No Have you been separated from a branch of the armed services of the United States or other country under conditions that are less than honorable?

**If you answer “yes” to any of these questions, please explain the circumstances fully in a separate statement.**

**An affirmative answer to any of these questions does not disqualify an applicant from receiving a Bar Exam Grant award, however the Advisory Committee on Diversity and Inclusion retains discretion to consider the information in awarding grants.**

7. Demographics

### Race/Ethnicity:

Please check all that apply, including multiple categories for two or more race/ethnicity:

American Indian or Alaskan Native

Asian or Pacific Islander

Black or African American

Hispanic or Latino

White or Caucasian

Self-Identification \_\_\_\_\_

### Sex:

Female

Male

**Disability:**

I have a disability (physical or mental) that substantially limits one or more major life activity.

- Yes
- No

**Sexual Orientation:**

- Heterosexual
- Lesbian, Gay, Bisexual
- Self-Identification \_\_\_\_\_

**Gender Identity:**

- Male
- Female
- Transgender
- Self-Identification \_\_\_\_\_

**Part B: Educational Background**

If you attended more than one Law School, please provide the name of the institution.

1. Law School: \_\_\_\_\_
  - a. Years Attended: \_\_\_\_\_
  - b. GPA: \_\_\_\_\_
  
2. Law School: \_\_\_\_\_
  - a. Years Attended: \_\_\_\_\_
  - b. GPA: \_\_\_\_\_
  
3. LSAT Score: \_\_\_\_\_

**Part C: Awards, Community Service, Honors**

Please list any community service, honors, including participating on an academic journal or moot court board, or awards for civic, government, or private sector work.

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## Part D: Work Experience

List your legal-related work experience, if any, and describe your responsibilities or assignments.

1. \_\_\_\_\_

|                               |                   |          |
|-------------------------------|-------------------|----------|
| Employer                      | Start Date        | End Date |
| Address                       |                   | Phone    |
| Position/Title                | Supervisor's Name |          |
| Address                       |                   | Phone    |
| Duties                        |                   |          |
| Average hours worked per week |                   |          |

2. \_\_\_\_\_

|                               |                   |          |
|-------------------------------|-------------------|----------|
| Employer                      | Start Date        | End Date |
| Address                       |                   | Phone    |
| Position/Title                | Supervisor's Name |          |
| Address                       |                   | Phone    |
| Duties                        |                   |          |
| Average hours worked per week |                   |          |

3. \_\_\_\_\_

|                               |                   |          |
|-------------------------------|-------------------|----------|
| Employer                      | Start Date        | End Date |
| Address                       |                   | Phone    |
| Position/Title                | Supervisor's Name |          |
| Address                       |                   | Phone    |
| Duties                        |                   |          |
| Average hours worked per week |                   |          |

## Part E: Financial Need

State the amount of gross income from employment or operation of business that you have received for the last three full calendar years, beginning with the most recent:

| <i>Year</i> | <i>\$ Amount</i> | <i>Source or Occupation</i> |
|-------------|------------------|-----------------------------|
|             |                  |                             |
|             |                  |                             |
|             |                  |                             |

State the amount of income from sources other than employment or operation of business for the last 3 years. If married or with a domestic partner (shared income and expenses), please include your spouse/partner's annual gross income and occupation.

| <i>Year</i> | <i>\$ Amount</i> | <i>Source or Occupation</i> |
|-------------|------------------|-----------------------------|
|             |                  |                             |
|             |                  |                             |
|             |                  |                             |

Please describe how much you currently owe in student loans. (Use additional attachments if needed)

| <i>Date incurred</i> | <i>\$ Amount</i> | <i>School</i> | <i>Source (Fed/private etc.)</i> | <i>Currently making payments?</i> |
|----------------------|------------------|---------------|----------------------------------|-----------------------------------|
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |
|                      |                  |               |                                  |                                   |

Do you own or have interest in a house or real property? What is the current market value?

Please list the amount of any alimony, maintenance, support and property settlement you *received* in the last 3 years.

Please list any alimony, maintenance, support and property settlement that you have been ordered to pay in the last 3 years.

Please list all other assets you hold personally, jointly, or are held for you by another and list their value. (e.g. IRA, Annuities, 401(k), stocks, bonds, trust funds, certificates of deposit, negotiable instruments, debts owed to you, etc.)

Please list your savings, checking and Certificates of Deposit that you hold jointly with your parents or any other parties.

Will you be receiving financial assistance from your family (parents, step parents, siblings, grandparents etc.) during law school? How will they be assisting you?

Please list any children or dependents living with you and their ages.

Please list any special circumstances of which the committee should be aware when reviewing this financial information.

**VEHICLES:**

|              |                      |                       |                         |
|--------------|----------------------|-----------------------|-------------------------|
| Vehicle #1   | Model                | Year                  | Fair Market Value<br>\$ |
| Date of Loan | Amount of Loan<br>\$ | Current Balance<br>\$ | Monthly payment<br>\$   |

Source of funds to make payment: (i.e. employment, student loans, parents, gift)

|              |                      |                       |                         |
|--------------|----------------------|-----------------------|-------------------------|
| Vehicle #2   | Model                | Year                  | Fair Market Value<br>\$ |
| Date of Loan | Amount of Loan<br>\$ | Current Balance<br>\$ | Monthly payment<br>\$   |

Source of funds to make payment: (i.e. employment, student loans, parents, gift)

**HOUSING**

|                     |             |                 |                   |
|---------------------|-------------|-----------------|-------------------|
| Do you own or rent? | How long    | Date of Loan    | Fair Market Value |
| Lien holder:        | Loan Amount | Current Balance | Monthly payment   |

**CURRENT FINANCIAL STATUS**

| Assets           | Amount | Source (employment, student loan, gift, grant) |
|------------------|--------|--|
| Cash on Hand     | \$     |  |
| Checking Account | \$     |  |
| Saving Account   | \$     |  |
| Other (specify)  | \$     |  |

**MONTHLY EXPENSES/INCOME (MUST BE IN MONTHLY AND NOT ANNUAL AMOUNTS)**

| A. Income/Month          | Amount    | B. Expenses/Month        | Amount    |
|--------------------------|-----------|--------------------------|-----------|
| Employment (Gross)       | \$        | Housing                  | \$        |
| Spouse/Partner Income    | \$        | Utilities                | \$        |
| Student loan (Loan ÷ 12) | \$        | Food                     | \$        |
| Scholarships/Grants      | \$        | Transportation           | \$        |
| GI Benefits              | \$        | Childcare                | \$        |
| Parent (s)               | \$        | Medical                  | \$        |
| Child Support            | \$        | Child Support or Daycare | \$        |
| Alimony                  | \$        | Alimony                  | \$        |
| Other (Specify)          | \$        | Other (Specify)          |           |
| <b>Total</b>             | <b>\$</b> | <b>Total</b>             | <b>\$</b> |

**Total Income "A" minus Total Expenses "B" = \$ \_\_\_\_\_**

## Part F: Personal Statement

Please select one of the essay options and limit the essay to 500 words. Your essay will be judged on the following: organization – proper paragraph and sentence structure; style – word choice; and mechanics – grammar, spelling, and punctuation.

Option 1: How has your status as a person of diversity influenced your decision to become a lawyer and how will it influence you throughout your legal professional career?

Option 2: Describe one of the greatest challenges that you have faced and how you met the challenge. How will that experience affect the decisions you will make as a legal professional?

## Part G: Writing Sample

All applicants must provide a writing sample that addresses the issues set forth below to assist the Grant Committee in evaluating the applicant's legal analysis skills. Your writing sample will be judged on the following: organization – proper paragraph and sentence structure; style – word choice; and mechanics – grammar, spelling, and punctuation.

### Background Facts:

Your law firm, Fields and Meadows, represents Abigail Adams in a wrongful death action against her deceased father's health insurance company, Care Wise, who administered a Medicare health insurance plan known as Advantage Wisdom. (I-1.) Quincy Adams, Ms. Adams' father, was enrolled in Advantage Wisdom. (I-2.) Mr. Adams' doctor recommended that Mr. Adams have a six-month colonoscopy check-up following the removal of a polyp during his regularly-scheduled colonoscopy examination. (I-3.) Care Wise refused to pay for the follow-up examination and Mr. Adams- did not have the follow-up examination performed because the cost of the examination was not covered by insurance. (I-4.) Mr. Adams died of colon cancer. (I-5.)

Fields and Meadows sued Care Wise in Brennan state court, and the law firm representing Care Wise demanded that the parties submit the dispute to arbitration because the Advantage Wisdom enrollment agreement contains an arbitration clause. (I-6.) The Care Wise law firm acknowledges and concedes that the Advantage Wisdom arbitration clause does not satisfy the Brennan Insurance Contract (BIC) Act, which states in part, that: "All health care plans that contain arbitration provisions must disclose the provision in at least 14-point bold font above the signature line." (I-7.) Nevertheless, Care Wise counsel insists the Advantage Wisdom arbitration clause is enforceable because the Federal Arbitration Act (FAA) and the Medicare Act preempt the BIC arbitration restrictions. (I-8.)

Under the FAA, a federal statute of general application, an arbitration clause is "valid, irrevocable, and enforceable unless the contract at issue was procured by fraud, duress or unconscionability." (I-9.) The FAA does not preempt state laws prohibiting arbitration disputes unless the state law at issue focuses only upon arbitration provisions contained in an otherwise valid agreement. (I-10.) Under the McCarran-Ferguson Act, the federal law regulating insurance, a state law prohibiting arbitration is not preempted if the arbitration restrictions "relate to or are part of state laws regulating the business of insurance." (I-11.) An "insurance regulation" is defined as "a law that impacts the insurance industry or a law that is directed at the industry." (I-12.)

The Medicare Act does not expressly preempt state law; however, it prevents companies engaged in the business of insurance from distributing Medicare marketing and information

materials to the public unless the Secretary of Health and Human Services has determined that the content is accurate and not misleading. (I-13.) Applying the Medicare Act, courts hold that Congress did not intend the Act to occupy the field of regulation for the marketing of Medicare materials and information. (I-14.) Courts have not addressed whether the Medicare Act preempts state law arbitration restrictions. (I-15.) Care Wise counsel insists that the Medicare Act preempt the Wisdom enrollment form. (I-16.) As you know, under conflict preemption jurisprudence, a federal law preempts a state law if the regulated person or entity cannot comply with federal or state regulations or the state law “stands as an obstacle to the accomplishment and execution of the full purposes and objectives of Congress.” (I-17.)

**Assignment:**

Please draft a research memorandum for Fields and Meadows that does not exceed five pages addressing the following issues: first, whether the FAA preempts the BIC arbitration requirements; and, second, whether Medicare preempts the BIC arbitration requirements. Your written analysis should resemble a memorandum from one attorney to another and include citations to the Background Fact supporting your analysis. You should include a short summary of the relevant fact; however, you do not need to include a separate Short Answer. Because this is a two-part memorandum, you must address each issue separately. In each part of the memorandum, you should incorporate the relevant facts, use only the applicable legal principles referenced in the Background Facts, and present a well-reasoned conclusion.

**Paper Size, Line Spacing, Margins, Type Style, and Typeface:**

The research memorandum must be on 8 ½ by 11-inch paper with one-inch margins on all four sides. The text must be singled-spaced and double-spaced between paragraphs. Headings, if used must be single-spaced. You must use plain, roman style type. The typeface must be 12-point font. Page numbers must be included on all papers and placed in the bottom margin. **All papers must adhere to format specifications and not exceed five pages; failure to do so will adversely affect your application.**



## Part H: Certifications

### Status of Oregon State Bar Examination Application

I filed my examination application with the Oregon State Bar on \_\_\_\_\_, 20\_\_\_\_, and the bar examination application is [select one] approved/pending. I have read and understand the criteria used to process and evaluate my Oregon State Bar Examination application and know of no information or reason that could result in my being denied admission to the Oregon State Bar on moral or ethical grounds. I understand that the evaluation of the Bar Exam Grant Application is based in part on my communication and analytical skills. I certify that I did not have a professor, lawyer, or other third person review or revise my Writing Sample before submitting it to the Grant Committee. All of the materials and information provided in support of my Oregon State Bar Diversity Bar Grant Application and provided to the Oregon State Bar in connection with my Bar Examination application and admission is true, correct, and there are no material omissions from either application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Non-Relationship Status

I certify that I am not related to any member of the Board of Directors, officer, or employee of the Oregon State Bar Diversity Bar Grant Application Committee or to any member of the Board of Governors, officer, or employee of the Oregon State Bar. I understand that, if I am disqualified for misrepresenting my relationship with any of the aforementioned or for any or other reason, I will not be eligible to receive a bar grant from the Oregon State Bar Diversity Committee and will be required to forfeit the award.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Certification

I acknowledge and represent to the Oregon State Bar and the Grant Committee that I have read the Criteria, Instructions, Conditions, Application and related materials for the Oregon State Bar Diversity Bar Examination Grant. I understand and agree that, if any information contained in my Grant Application is not true, complete, or accurate, or if material information has been omitted, I could be disqualified from receiving or may have to forfeit any grant award that I receive from the Oregon State Bar, including reimbursing the Oregon State Bar for any expenses or money incurred in recovering the received grant. I further agree and acknowledge that all decisions by the Grant Committee to award the Oregon State Bar Diversity Bar Examination grant are made in the sole discretion of the Grant Committee, that its determinations are confidential, and that all decisions are final.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Applicants who submit Oregon State Bar Diversity Bar Examination Grant Applications without signing and dating all the above certifications will be disqualified from consideration for a Bar Examination Grant.***

## Part I: Public Records Notice

Applicants should be aware that the Oregon State Bar is subject to the Oregon Public Records Act, which requires the OSB to disclose information upon request, unless an exception applies. The OSB considers sensitive information submitted by OLIO applicants regarding their personal experience to be confidential submissions, pursuant to ORS 192.502(4), and exempt from disclosure. The OSB will maintain the confidentiality of these submissions to the extent allowed by law.