

## Entrepreneurship Clinic Application

Please download this PDF file, fill out the form entirely and submit to  
eclinicassistance@wustl.edu

### Contact Information

Name:

Associated Organization (if any):

Email Address:

Phone Number:

### Services Requested

Please briefly describe the business or prospective business for which you seek legal services (such business may be for profit or nonprofit):

Please briefly describe the legal services you are interested in:

### Other

- Please check this box if either the individual(s) or the organization seeking to become a client of the clinic has been a client of the clinic in the past.
- Please check this box to certify that the individual(s) or the organization seeking to become a client of clinic cannot otherwise afford legal representation using available sources of funding (e.g., personal incomes, organizational revenue, investor contributions, etc.).

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Please do not contact the clinic after submitting this application. If the clinic wishes to discuss the application in more detail, we will reach out to you at the number or address listed. Because we receive many more applications than we can accept, we may not be able to provide the services you are requesting. If we do not contact you within three weeks, you should assume that we are not able to assist you.

SUBMITTING THIS APPLICATION TO THE CLINIC DOES NOT MAKE ANY PERSON OR ORGANIZATION A CLIENT OF THE CLINIC. HOWEVER, WE WILL TREAT THESE APPLICATIONS AS CONFIDENTIAL IN ACCORDANCE WITH THE RULES OF PROFESSIONAL ETHICS.

Once complete email form to [eclinicassistance@wustl.edu](mailto:eclinicassistance@wustl.edu)