

PARALEGAL SCHOLARSHIP APPLICATION

Name:		
Address:		
City:	State:	Zip:
Telephone: Daytime:	Evening:	
Email:		
School Attending/Attended:	:	
Program Director:		
Start Date of Program:		
Anticipated Date of Gradua	ation:	
Type of Degree/Diploma/Ce	ertificate you are seeking:	
Two (2) References (name,	, address, phone number):	
How have you assumed pe	ersonal responsibility for financing yo	our paralegal education?
Include any grants/scholars	ships received, etc.:	
List College Activities/Hono	ors:	
List Paralegal Program Acti	ivities:	
List Additional Activities:		
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- Ø Please enclose a **letter of recommendation** from the Director/Instructor of your paralegal education program and a copy of your program **transcript** (unofficial transcript is acceptable).
- Ø Please write a **short paper** (no longer than four (4) pages in length, double-spaced) on the topic: "Why I Decided to Become a Paralegal."

ALL MATERIALS MUST ACCOMPANY THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE ELIGIBLE FOR CONSIDERATION.