



# CENTRAL COAST PARALEGAL ASSOCIATION SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Date Entered Program: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Current Employer's Name/Address/Phone: \_\_\_\_\_

References: Provide names & addresses of at least two personal or employment references:

List your CCPA and/or community activities:

I agree and authorize CCPA the right to use photographs of me in connection with this scholarship application. I further authorize CCPA to use such photographs of me with or without my name and for any lawful purposes such as publicity, illustration, advertising, and web content. Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit the following:

1. Presently enrolled in one of the following (all located/based in the Central Coast): Paralegal Studies Associate's Degree program, Certificate program which satisfies the requirements of Business and Professions Code section 6450, et seq., successor provisions, OR Enrolled in any other program that relates to the Paralegal occupation such as notary courses, career development courses, etc.
2. Proof of completion of at least one course within said program OR proof of enrollment (notary course, career development course, etc) ; and
3. A grade point average of 3.0 or better (if in an associate degree or certification program)

Submit application and supporting documents to the:

Central Coast Paralegal Association (CCPA) Scholarship Program  
P.O. Box 93, San Luis Obispo, CA 93406