

**CENTRAL COAST PARALEGAL ASSOCIATION
SCHOLARSHIP APPLICATION
re: Paralegal Certification**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email address: _____

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. Proof of completion of a course in preparation of taking a certification test;
2. Proof of having taken a certification test (whether pass or fail); and
3. A short essay addressing your certification goals.

Submit application and supporting documents to the:
Central Coast Paralegal Association Scholarship Program
P.O. Box 93, San Luis Obispo, CA 93406