

**CENTRAL COAST PARALEGAL ASSOCIATION  
SCHOLARSHIP APPLICATION  
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 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/or 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:

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