

**CENTRAL COAST PARALEGAL ASSOCIATION
SCHOLARSHIP APPLICATION**
Paralegal Studies Certificate or Paralegal AA Degree Program Students

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 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. A letter of recommendation from an instructor for the Paralegal Studies Certificate or Degree Program you are enrolled in;
2. A copy of your most recent academic transcript demonstrating at least a 3.0 grade point average in a Paralegal Studies Certificate or Degree Program; and
3. A short essay addressing why you want to become a paralegal and your career goals.

Submit application and supporting documents to:

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