

**CENTRAL COAST PARALEGAL ASSOCIATION**  
**SCHOLARSHIP APPLICATION**  
**for 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 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. 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 the:

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