

AAPA MEMBER SCHOLARSHIP

Application

The AAPA Member Scholarship is awarded annually in January of each year. Should no application be received in January the Committee will accept application in June of that year. The Scholarship is in the amount of \$500.00

Below is information regarding applying for the scholarship.

1. The applicant must be an active member in good standing of the Asheville Area Paralegal Association.
2. There must be a financial need on behalf of the applicant.
3. Applications are to be submitted to the AAPA Scholarship Committee by January 1 of each calendar year. Application must include a Letter of Recommendation from her/his supervising attorney. Applications are to be mailed to AAPA, P. O. Box 1713, Asheville, NC 28802 or emailed to ctimmons@joneskey.com.
4. Upon review and recommendation of the Scholarship Committee and approval of the AAPA Executive Board, funds will be deposited into the recipient's student account at the respective educational institution to be used for tuition, books and other scholastic needs. If the scholarship is to be used to complete requirements for additional professional paralegal certifications or other specialized paralegal designation the funds will be made payable to the organization/institution administering the course and/or testing.

If you have any questions regarding the scholarship or the application, please contact Carolyn Timmons at ctimmons@joneskey.com.

SECTION A - GENERAL INFORMATION

1. Name: _____
Address _____
County of Residence _____
Date of Birth _____
Email address _____
Marital Status _____
Name of Spouse and Occupation of Spouse (if applicable) _____

Are there any dependents under the age of 18 living in your home? [] Yes [] No

What are the names and ages of the minors living in your home:

_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age

Do any of these minors receive more than half of their financial support from you? [] Yes [] No

Are you currently employed? [] Yes [] No

If yes, please provide the following information:

Name of Employer _____
Position/Title _____ Hours worked per week _____

Does your employer offer educational reimbursement? [] Yes [] No

If yes, please list the amount of reimbursement you are allowed: \$ _____ per _____.

SECTION B - EDUCATION

1. Please circle the years of education you have completed:

High School

Secondary Education

1

1

2

2

3

3

4

4

5

6 (if more than 6 years, please explain)

2. Are you currently in a course of study for an advanced paralegal certification or credential?
 Yes No

3. What is the course of study and the certification or credential you hope to test for and/or earn?

4. What is the total cost for the studies and/or certification described in No.3 of this section?

5. Have you received any assistance or reimbursement to date toward this cost?
 Yes No

If yes, what is the total amount you have received? _____

SECTION D - PERSONAL RECOMMENDATION

1. Please have someone that you personally know complete this section (spouse, parent, minister, etc.)

Name: _____

Address _____

Telephone number _____ Email address _____

Occupation _____

Relationship to Applicant _____

Please explain the reason you believe the applicant should receive the AAPA Member Scholarship:

SECTION E - PROFESSIONAL RECOMMENDATION

1. Please have your sponsoring attorney provide a Letter of Recommendation and attach to this application.

I acknowledge that I have read the above member scholarship criteria and application and fully understand them, and agree to be bound by the same.

Signature of Applicant: _____ **Date** _____