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 form her/his supervising attorney. Applications are to be mailed to AAPA, P. O. Box 1713, Asheville, NC 28802 or emailed to tblackburn@ncdoj.gov.
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 Terrie Blackburn at tblackburn@ncdoj.gov.

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# 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 [ ] Yes [ ] No support from you?

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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently in a course of study for an advanced paralegal certification or credential? [ ] Yes [ ] No
2. What is the course of study and the certification or credential you hope to test for and/or earn?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is the total cost for the studies and/or certification described in No.3 of this section? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**