



Paralegal Association of Florida, Inc.  
***Inspiring professional growth...one paralegal at a time®***

## 2018 STUDENT EDUCATION & DUES REIMBURSEMENT SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address and Telephone: \_\_\_\_\_

**Professional Goals:** Please submit a statement (of at least 250 words) indicating your reasons for choosing paralegal studies and if you intend to become a Certified Paralegal ("CP"), Florida Certified Paralegal ("FCP") or Advanced Certified Paralegal ("ACP") credential along with a copy of your most current transcript. Also submit a letter of recommendation from one of your professors with in the paralegal education program, and a letter of recommendation from your employer, if applicable. *For spring and fall semester reimbursements only.*

**Dues Reimbursement:** Please submit a statement (of at least 100 words) indicating your circumstances for request of reimbursement.

**Education/Coursework:** List institutions and diplomas, degrees and/or certificate programs completed.

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**Leadership:** Please describe your involvement in and/or leadership roles in any academic, business or paralegal organizations or community activities.

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**Terms of Scholarship:** I understand that if chosen as a recipient, my name will be announced and published. I also understand that if I am awarded the Student Education Scholarship, I shall serve on the scholarship committee for a minimum term of one (1) year after receipt of the award.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Return completed application to: Asha Maharaj-Lucas, FRP, Paralegal Association of Florida, Inc., Scholarship Committee, PO Box 43, Tallahassee, FL 32302. Please direct any questions to: [ladyapaf@gmail.com](mailto:ladyapaf@gmail.com).

"The Standard for the Paralegal Profession"