



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

2021 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 within 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.

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

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: Paralegal Association of Florida, Inc., Scholarship Committee, PO Box 11081, Tallahassee, FL 32302.

"The Standard for the Paralegal Profession"