



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

**2021 PROFESSIONAL DEVELOPMENT
SCHOLARSHIP APPLICATION
DEADLINE: November 30th.**

Name: _____

Address: _____

Telephone: _____ **Email Address:** _____

Employer Name: _____ **Chapter Affiliation:** _____

Employer Address and Telephone: _____

Professional Goals: Please submit a statement (of at least 300 words) indicating why you want to obtain the Certified Paralegal ("CP"), Florida Certified Paralegal ("FCP") or Advanced Certified Paralegal ("ACP") credential.

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 Professional Development Scholarship, I shall be responsible for paying for the CP Exam, FCP Exam or APC Program and upon submission of proof of payment and successful completion of the Exam or Program (and proof of purchase of Review Manual/Study Guide material), I will be reimbursed up to the maximum allowable award. I affirm that I will not receive any reimbursement from my employer in connection with this application. I also understand that I must register and successfully complete the Exam or Program within nine (9) months from the date the scholarship is awarded, or the award will be forfeited.

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"