



MARICOPA COUNTY BAR ASSOCIATION PARALEGAL DIVISION & MARICOPA COUNTY BAR FOUNDATION PARALEGAL SCHOLARSHIP

OFFICIAL APPLICATION

Name (Last, First, MI):			
Street Address:			
City:	State:	Zip:	Phone Number:
Email address:		Date of Birth:	
Name of High School:		High School City & State:	
Name of College:		College City & State:	
Paralegal Program:	Credit Hours Earned:	Date of Enrollment:	

ATTACH ALL OF THE FOLLOWING:

- Personal statement (300-500 words) stating how you would benefit from the scholarship and how it would assist you in furthering your paralegal education
- Current transcript from your school (unofficial is acceptable)
- Copy of your class schedule for the Fall 2019 Semester
- Letters of recommendation from two (2) employers, supervisors or instructors

Applications must be received by 11:59 p.m. on September 15, 2019. Incomplete applications will not be considered.

I hereby affirm that this application and the documents attached are true and complete to the best of my knowledge. Further, I hereby provide consent, if an award is made, to the school in which I am enrolled to release academic, financial or other necessary information as required by the donor.

Applicant Signature

Date