



Lafayette Paralegal Association
 Post Office Box 2775
 Lafayette, LA 70502-2775
lpa-la.org

APPLICATION FOR SCHOLARSHIP

Last Name:		First Name:	
Home Address:			
Home Phone:	Cell Phone:	Work Phone:	
Home Email:		Work Email:	
Employer:			
Employer Address:			

I have been a member of the Lafayette Paralegal Association for two (2) years: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year joined LPA:	_____
LPA positions held:	_____

How long have you been employed as a Paralegal?	Other positions held in the legal field or legal office:	Total years of legal experience:
Highest degree(s) obtained and date of graduation:		
Are you a Certified Paralegal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date certified:	If yes, institution issuing certification:
Is your employer assisting you with any preparation, materials, or testing fees associated with your examination: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

I agree to be bound by the Code of Ethics and the bylaws as adopted by the Lafayette Paralegal Association. I further understand that this scholarship application is subject to approval by LPA.

Date: _____ **Signature of Applicant:** _____

Please mail your application packet, including the documents required by the LPA Scholarship Policy, to:

**Lafayette Paralegal Association
 ATTN: Scholarship Program
 P. O. Box 2775
 Lafayette, LA 70502-2775**