



# 2019 Illinois Paralegal Association Scholarship Application

## APPLICANT INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## COLLEGE/PARALEGAL PROGRAM INFORMATION:

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Director: \_\_\_\_\_

Director's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Type of Paralegal Degree/Certificate you are pursuing (i.e. BA, AAS, or Certificate)  
: \_\_\_\_\_

Please describe how you have financed your paralegal education. Include any grants, scholarships, financial aid and/or funding from other sources.

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List any community and/or college activities which you are currently involved:

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List any honors or awards you have received from your community or while attending college.

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**REFERENCES:**

Please provide the names and addresses of at least two references along with a letter of recommendation from each.

Reference 1: (Must be Program Director, Educator or Employer)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reference 2:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*The applicant has completed the foregoing document and the answers made herein are true, correct and complete the best of his/her knowledge and belief.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_