

**CENTRAL COAST PARALEGAL ASSOCIATION
SCHOLARSHIP APPLICATION
for Paralegal Studies Certificate or Paralegal AA Degree Program Students**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email address: _____

School Name & Address: _____

Date Entered Program: _____ Expected Graduation Date: _____

Current Employer's Name/Address/Phone: _____

References: Provide names & addresses of at least two personal or employment references:

List your CCPA and/or community activities:

Please submit the following:

1. A letter of recommendation from an instructor for the Paralegal Studies Certificate or Degree Program you are enrolled in;
2. A copy of your most recent academic transcript demonstrating at least a 3.0 grade point average in a Paralegal Studies Certificate or Degree Program; and
3. A short essay addressing why you want to become a paralegal and your career goals.

Submit application and supporting documents to the:

Central Coast Paralegal Association Scholarship Program
P.O. Box 93, San Luis Obispo, CA 93406