



LAPA Student Member Scholarship Application

Name: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Paralegal Program or College: _____

Expected Date of Graduation: _____

Type of Degree or Certificate: _____

Current GPA: _____

Tell us about:

College and Community Activities: _____

Leadership Activities: _____

ANY INTENTIONAL MISREPRESENTATION OF INFORMATION SUBMITTED ON THIS APPLICATION AUTOMATICALLY DISQUALIFIES THE ENTRY FROM CONSIDERATION FOR THE LAPA STUDENT MEMBER SCHOLARSHIP AWARD.