



**LAPA Student Member Scholarship Application**  
**Deadline October 05, 2021 by 9pm**

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

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

Phone No. for Notification: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a Student Member in good standing of LAPA?: \_\_\_\_\_ (required)

Paralegal Program or College currently attending: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Type of Degree or Certificate: \_\_\_\_\_

Current GPA: \_\_\_\_\_ (Attach a copy of your transcripts)

Tell us about your....

College and Community Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership Activities (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH THIS SCHOLARSHIP APPLICATION AS THE FIRST PAGE TO YOUR PACKET WHICH WILL  
ALSO INCLUDE AN ESSAY, LETTER OF RECOMMENDATION, RESUME AND TRANSCRIPTS**

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

Verification: I hereby verify and affirm that the information contained on my LAPA Student Member Scholarship Application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_