AAfPE LEX SCHOLARSHIP APPLICATION

NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____ (_____) _____
Area Code Daytime Area Code Evening

AAfPE LEX SCHOOL WHERE ENROLLED _____

TYPE OF PROGRAM: A.S./A.A._____ B.S./B.A. _____ CERTIFICATE _____

PREVIOUS DEGREE(S) EARNED: _____

COMMUNITY INVOLVEMENT(S):_____

_____

SCHOLASTIC HONOR(S): _____

_____

PARALEGAL ACTIVITY/ASSOCIATION(S): _____

_____

CRITERIA TO BE FOLLOWED:
Please submit:

✍ 500 word typed essay on the subject chosen each year by the Scholarship Committee.

✍ The AAfPE LEX Scholarship Certification form.

✍ An official transcript which will demonstrate at least a B average.

✍ A letter of recommendation from a faculty member.

NOTE: The scholarship is to be used to continue the pursuit of the student's paralegal education. The AAfPE check will be made payable to the awardee and the awardee's school.