

**LOUISIANA STATE PARALEGAL ASSOCIATION
ROCHELLE SCHOLARSHIP APPLICATION**

Date: _____

Full Name: _____

Permanent : _____
Address _____

Parish: _____

Home Telephone Number and/or cell phone number: _____

I. PARALEGAL PROGRAM CURRICULUM

Name and address of Paralegal Program you are currently enrolled in:

Are you a transfer student? If so, from what school/program did you transfer?

Current Level in Paralegal Program: _____

Expected date of graduation: _____

II. UNIVERSITY/COLLEGE CURRICULUM

List the name and address of each college you have attended:

Cumulative college GPA: _____

III. HIGH SCHOOL CURRICULUM

List the name and address of your high school:

Cumulative high school GPA: _____

IV. INFORMATION ABOUT YOUR FAMILY ** (IF CURRENTLY LIVING WITH PARENT(S)) **

Your Father's name: _____

Your Father's occupation, income, and marital status: _____

Your Mother's name: _____

Your Mother's occupation, income and marital status: _____

Number of siblings at home and their respective ages: _____

Number of family members attending college: _____

V. INFORMATION ABOUT YOU

Your marital status: _____

Your occupation and income: _____

Spouse's name: _____

Spouse's occupation and his/her income: _____

Do you have children? _____ If so, what are the ages of your children? _____

Your employer's name and address: _____

How many hours per week do you work? _____

Do you receive or expect to receive federal or state financial aid (circle one)? YES NO

If so, please state the type and amount: _____

Are you eligible for, or do you receive tuition reimbursement or paid tuition from your employer or other source (circle one)? YES NO

What collegiate, professional, or other organizations do you belong to? _____

What are you career plans for the future? _____

Please state, in the space provided, why you believe you should receive LSPA's Rochelle Scholarship.

I HEREBY CERTIFY THE ABOVE INFORMATION I HAVE PROVIDED TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE THE LOUISIANA STATE PARALEGAL ASSOCIATION TO USE WHATEVER MEANS NECESSARY TO VERIFY ANY OF THE INFORMATION FOR THE PURPOSE OF AWARDING THE SCHOLARSHIP.

SIGNATURE OF APPLICANT

DATE

The following items must be submitted to the Scholarship Chair on or before the posted deadline in order for your application to be considered:

- 1) Certified copy of each college transcript, including that of your current paralegal program;
- 2) Copy of your current course schedule;
- 3) Three (3) letters of reference from the following sources: Your paralegal program instructor(s), the Paralegal Program Administrator, or your employer(s) (at least one letter of reference must be from one of your Paralegal Program Instructors); and
- 4) A check or money order for \$5.00 made payable to the Louisiana State Paralegal Association (LSPA) for administrative fee for application consideration.

Failure to provide all required documentation prior to the posted deadline will result in disqualification. Any applications received after this date will not be considered. Please submit your original completed application, required attachments, and fee to:

**LSPA – Rochelle
Scholarship
P. O. Box 51690
Lafayette, LA 70505**

E-mail: Scholarship@la-paralegals.org