

**KANSAS CITY PARALEGAL ASSOCIATION
SCHOLARSHIP APPLICATION**

Please attach additional pages if necessary

Name: _____

Home Address: _____

Telephone: _____ E-mail: _____

Please list all colleges attended and/or degrees earned to present (include dates):

Present Paralegal Program: _____

Scholarship is limited to students who have completed at least one semester of a paralegal program.

Program Director: _____

Address: _____

Date You Began Program: _____ Expected Graduation Date: _____

Type of Degree/Diploma/Certificate: _____

References (Please list names, addresses, phone numbers and e-mail addresses of two academic references):

Do you have any felony convictions? Yes No

List any grants, scholarships or tuition reimbursement you are presently receiving:

List community activities:

List college activities/honors:

List paralegal program activities:

Please attach:

1. Letter of recommendation from the Director of your education program.
2. Copy of your most recent grade transcript.
3. A short (no more than three pages) essay explaining why you should be selected to receive this scholarship, including any financial need.

NOTE: FUNDS ARE TO BE USED TO PURSUE A PARALEGAL EDUCATION.
CHECKS WILL BE MADE PAYABLE TO SCHOLARSHIP RECIPIENT'S
PARALEGAL INSTITUTION.

APPLICATIONS MUST BE RECEIVED BY June 30, 2017.

RETURN TO: Jill Perkins, KCPA Education Director, 2300 Main Street, Suite 800, Kansas City, Missouri, 64108, jill.perkins@kutakrock.com, 816-960-0090.

IT IS NOT NECESSARY FOR APPLICANTS TO BE MEMBERS OF KCPA. IF YOU ARE INTERESTED IN LEARNING MORE ABOUT THE ASSOCIATION CALL THE EDUCATION DIRECTOR AT 816-960-0090 OR VISIT THE WEBSITE WWW.KCPARALEGALS.ORG. PARALEGAL STUDENTS ENJOY REDUCED MEMBERSHIP RATES.