AAfPE LEX SCHOLARSHIP APPLICATION

NAME:_____
LAST FIRST MIDDLE INITIAL

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE NUMBER:_____
AREA CODE DAYTIME AREA CODE EVENING

AAfPE SCHOOL WHERE ENROLLED:_____

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

PREVIOUS DEGREES EARNED:_____

COMMUNITY INVOLVEMENT(S):_____

_____

SCHOLASTIC HONORS:_____

_____

PARALEGAL ACTIVITY/ASSOCIATIONS:_____

_____

CRITERIA TO BE FOLLOWED:
Please submit:

- 500 word typed essay on the subject chosen each year by the Scholarship Committee.
- A completed 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.

Send completed applications to:
AAfPE LEX Scholarship
19 Mantua Road
Mount Royal, NJ 08061
Phone: 856-423-2829
Fax: 856-423-3420

DEADLINE FOR FILING: February 16, 2010