



## AAfPE LEX SCHOLARSHIP CERTIFICATION

By my signature below, I hereby certify that all information contained herein is true and correct to the best of my knowledge. I also authorize AAfPE and any of its scholarship committee(s) to verify the accuracy of any claims and information I have made in this application.

Further, by my signature below, if I am a scholarship awardee, I grant AAfPE permission to reprint my essay in *The Paralegal Educator*, post my essay to the AAfPE website, and/or reproduce my essay in any other AAfPE electronic or print medium.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Return this form with your LEX Scholarship Application to:  
AAfPE, 19 Mantua Road, Mount Royal, NJ 08061