



SWFPA Professional Development Scholarship Program Application

Name: _____ Home or Cell Phone: _____

Home Address: _____ Home E-Mail: _____

City, State, Zip: _____

Employer: _____ Work Phone: _____

Address: _____ Work Fax No.: _____

City, State, Zip: _____ Work E-Mail: _____

Job Position: _____ Area(s) of Law: _____

NALA Member: Yes No

Please provide details of the certification or course you are pursuing:

Certification: CLA/CP ACP CLAS RP Other _____

Course Name/Number: _____

Check to be made out to: _____

Please attach a recent version of your resume. Below, please provide a personal statement regarding how receiving the scholarship would benefit you. You may attach additional pages if needed.

Terms of Scholarship: I understand that if I am selected for the SWFPA Professional Development Scholarship the monetary award will be sent to the educational institution or professional development organization involved in the legal profession-related course or certification. I will not be receiving the award directly.

Applicant's Signature _____ **Date** _____