TENNESSEE PARALEGAL ASSOCIATION

APPLICATION FOR THE NALA CLA/CP OR ACP CERTIFICATION SCHOLARSHIP

The application's questions are designed to let the Committee members know more about you. Please be sure to include all information you think pertinent.

NAME: _____
LAST FIRST MIDDLE

ADDRESS:_____

_____
CITY STATE ZIP

PHONE #: _____
HOME WORK CELL

E-MAIL ADDRESS: _____

EXPECTED DATE OF CERTIFICATION TEST: _____

CURRENT TPA AFFILIATION: ❑At-Large ❑East Tennessee Chapter
❑Student ❑Southeast Chapter
❑West Tennessee Chapter

This application must be accompanied by the following:

- A personal statement which should include your reason for taking the certification test/course
- Two (2) letters of recommendation (at least one should be from someone in the legal field or academic instructor)
- Proof of eligibility for taking the certification exam/course
- Resume or list of accomplishments and professional affiliations

APPLICATIONS SUBMITTED WITHOUT ATTACHMENTS WILL NOT BE CONSIDERED

Applications should be returned to the Tennessee Paralegal Association by October 1st

All application materials or writing inquires should be mailed to:

Tennessee Paralegal Association
Attn: Scholarship Committee Chairperson
P.O. Box 21723
Chattanooga, TN 37424

In addition, written inquires may be e-mailed to: **lmccullaugh@comcast.net**

All information contained in the application will be kept confidential