

APPLICATION FOR THE LAWASSA B. JONES MEMORIAL SCHOLARSHIP

The application's questions are designed to let the judges know more about you, please be sure to include all information you think pertinent.

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

HOME
TELEPHONE
NUMBER: _____
 AREA CODE NUMBER

EMPLOYER: _____

E-MAIL ADDRESS: _____

SCHOOL: _____

WORK HISTORY (ATTACH A SEPARATE SHEET IF NECESSARY):

This application must be accompanied by a copy of your last transcript (high school or college), a letter of personal recommendation, a letter of scholastic recommendation, and a short statement explaining your reasons for applying for the scholarship and why you chose to become a paralegal. List any organizations to which you belong and any community or school involvement. The letters of recommendation must come from people familiar with your scholastic and leadership abilities. At least one letter must come from a teacher who is familiar with your scholastic ability. APPLICATIONS SUBMITTED WITHOUT ATTACHMENTS WILL NOT BE CONSIDERED. Applications should be returned to the Tennessee Paralegal Association by October 1st of this year.

All application materials or written inquiries should be mailed to:

Tennessee Paralegal Association
Attn: Scholarship Committee Chairperson
P.O. Box 305
Knoxville, TN 37901-0305

All information contained in the application will be kept confidential.