

# TENNESSEE PARALEGAL ASSOCIATION

## APPLICATION FOR CLA/CP EXAM 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:

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

TELEPHONE:

\_\_\_\_\_

EMPLOYER:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

DATE SCHEDULED TO  
TAKE CLA/CP EXAM:

\_\_\_\_\_

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*Applications should be returned to the Tennessee Paralegal Association by October 15*

This Application **MUST** be accompanied by the following:

- Transcript;
- Letter(s) of recommendation; and
- Short essay/paragraph detailing why you want to obtain CLA/CP credential and study plans to prepare for exam.

*All application materials or written inquiries should be mailed to:*

*Tennessee Paralegal Association  
Attn: CLA/CP Exam Scholarship Committee  
P.O. Box 21723  
Chattanooga, Tennessee 37424*

**ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT  
CONFIDENTIAL.**