

**CAPE ATLANTIC LEGAL ASSISTANTS ASSOCIATION**  
**2018 SCHOLARSHIP APPLICATION**

**Cape Atlantic Legal Assistants Association** is an organization consisting of persons employed in law offices, the courts, the trust departments of banks or trust companies, title companies, and offices directly engaged in work of a legal nature, including the public offices of cities, counties and/or municipalities.

**The scholarship to be awarded for the fall semester of 2018 is in the amount of \$500.00 to \$750.00. The candidate should be a graduating Atlantic County or Cape May County high school senior who intends to enroll in a college-level Paralegal Studies Program for the fall semester of 2018.**

**The candidate must exemplify qualities of honesty, dedication, character, leadership, commitment, and determination to the legal profession. The financial need of the candidate will also be taken into consideration.**

The Scholarship Committee may approve one or more awards of financial assistance in such amounts and upon such conditions as determined by the Committee. The awards shall be for the sole purpose of providing financial assistance towards post-secondary education expenses of recipients. Successful recipients shall be determined without regard to race, creed, gender or other improper forms of discrimination.

The Scholarship award will be presented to the successful candidate at the June meeting of the Association. **Attendance at this ceremony is mandatory.** Failure to attend will result in revocation of the scholarship.

**APPLICANT INFORMATION**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Telephone No.(s):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employer (if any):** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Years Employed:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**G.P.A.** \_\_\_\_\_

**Has the applicant applied for/received other financial aid?** ( ) Yes ( ) No

**If "Yes," in what amount and from whom?** \_\_\_\_\_

**APPLICATION REQUIREMENTS** (to be attached to this page)

- Submit a **statement of 1 to 3 pages double spaced** with this application including the following:
  - a. Why you should be considered for this award. You should focus on the qualities and criteria mentioned in the description of the scholarship candidate.
  - b. Community activities and years of participation.
  - c. Career plans.
- Submit **one letter of recommendation** with this application.
- Submit **transcript**.
- This application should be postmarked on or before **May 18, 2018**, and mailed to:

Cape Atlantic Legal Assistants Association  
Scholarship Committee  
Attn: Michele M. Devine-Hartnett  
123 E. 20th Avenue  
North Wildwood, NJ 08260