



Application – SWFPA Professional Development Scholarship Program

Name: _____
Home Address: _____
City, State, Zip: _____

Home or Cell Phone: _____
Home E-Mail: _____

Employer: _____
Address: _____
City, State, Zip: _____
Job Position: _____

Work Phone: _____
Work Fax No.: _____
Work E-Mail: _____
Area(s) of Law: _____

Applying for which Certification:

CLA/CP ACP CLAS RP Other _____

Registering for which Course:

NALA Member: Yes No

Educational Background:

Legal Employment History:

Professional Development Activities, such as membership in related organizations:

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** _____