ADIRONDACK PARALEGAL ASSOCIATION
2021 SCHOLARSHIP APPLICATION
(PLEASE PRINT OR TYPE)

Personal Information:

Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Address: _____

_____

Telephone Number: _____

E-Mail Address: _____

Father's Name: _____

Address: _____

Employer: _____

Occupation: _____

Mother's Name: _____

Address: _____

Employer: _____

Occupation: _____

Guardian's Name: _____
(if applicable)

Address: _____

Employer: _____

Occupation: _____

Provide the following information for each member of your household, i.e. siblings, grandparents, etc., other than those listed on the front page:

Name	Age	Grade in School/ Employment

Academic Information:

High School: _____

Concentration (if any): _____

_____

Please list the school(s) you plan to attend or have applied to:

_____

_____

_____

_____

Financial Information:

Estimated Cost Per School Year

Tuition and Fees	$	
Room/Board	$	
Books	$	
Travel	$	
Personal	$	
Total	+	$

Anticipated Financial Aid

Savings	$	
Parents	$	
Vacation Work	$	
Scholarship*	$	
Grants*	$	
Total	+	$

*Please provide details:

_____

COMMUNITY SERVICE

Please list and briefly describe your service to the community and your school.

_____

_____

Please list all honors received since ninth grade.

_____

_____

_____

_____

Additional Requirements:

Please attach the following:

- Two letters of recommendation from someone other than a relative.
- Current transcript of grades.
- Short essay of not more than one thousand (1000) words detailing your academic and career goals, community service, extracurricular activities and interests, work experience, reasons for requesting financial assistance, and other pertinent information which you wish to have the committee consider.

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Submit completed application to:

Vicky Adams, Scholarship Committee
Adirondack Paralegal Association
c/o Bartlett, Pontiff, Stewart & Rhodes, PC
PO Box 2168
Glens Falls, NY 12801

Applications must be received by March 31, 2021. No applications will be considered after that date.

I certify that the information given herein, and which you are authorized to verify, is true and correct, and that the funds for which application is made will be used by me solely for the purpose of further my education.

Date:_____2021 _____
Student's Signature

Date:_____2021 _____
Parent/Guardian's Signature

RECORDS ACCESS

I, _____, hereby give permission to the guidance and career placement office of my high school, _____, to give a copy of my high school transcript to the Scholarship Committee of the Adirondack Paralegal Association for use in the evaluating my application for a scholarship to be awarded by the Association.

Date:_____2021

_____
Student's Signature

WAIVER

I, _____, hereby waive access to the letters of recommendation given by _____ and _____ to the Scholarship Committee of the Adirondack Paralegal Association for use in evaluating my application to be awarded by the Association.

Date:_____2021

_____
Student's Signature

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