



Elizabeth Root Memorial Scholarship Applicant Information Sheet

Name: _____
Email: _____ Phone: _____

Qualifications / Information:

1. Member of OCPA?

Membership Type (Check One):

- _____ Voting
- _____ Associate
- _____ Student

2. Answer either (a) or (b) below, as applicable.

(a) Paralegal Certificate Program:

Name of Program: _____
_____ Currently enrolled
_____ Taken 4 units in the past three years

(b) Work Experience

_____ Currently employed as a paralegal
_____ Have been employed as a paralegal in the past 3 years

3. How might the scholarship funds help you in your pursuit of your paralegal education / career?

Verification: The information provided above is true and correct to the best of my knowledge and belief. In addition, the essay submitted with this application is my work and solely my work, unless otherwise stated.

Signature: _____ Date _____

[ATTACH THIS SHEET TO YOUR ESSAY]