



## 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?

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**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]**