

# PARALEGAL ASSOCIATION OF FLORIDA, INC.

Inspiring professional growth...one paralegal at a time®

P.O. Box 14051, Clearwater, FL 33766 | 727-245-0072 | [www.pafinc.org](http://www.pafinc.org)

## 2020 PROFESSIONAL DEVELOPMENT & DUES REIMBURSEMENT SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_

Employer Address and Telephone: \_\_\_\_\_

**Professional Goals:** On a separate sheet, please submit a statement (of at least 300 words) indicating why you want to obtain the Certified Paralegal ("CP"), Florida Certified Paralegal ("FCP") or Advanced Certified Paralegal ("ACP") credential.

**Dues Reimbursement:** On a separate sheet, please submit a statement (of at least 100 words) indicating your circumstances for request of reimbursement.

**Education/Coursework:** List institutions and diplomas, degrees and/or certificate programs completed. *ACP, FCP & CP Scholarship award applicants only.*

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**Leadership:** Please describe your involvement in and/or leadership roles in any academic, business or paralegal organizations or community activities.

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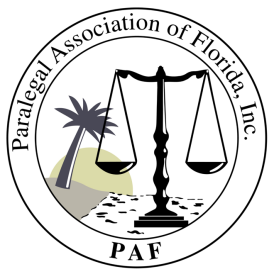
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**Terms of Scholarship:** I understand that if chosen as a recipient, my name will be announced and published. I also understand that if I am awarded the Professional Development Scholarship, I shall be responsible for paying for the CP Exam, FCP Exam, or ACP Program and upon submission of proof of payment and successful completion of the Exam or Program (and proof of purchase of Review Manual/Study Guide material), I will be reimbursed up to the maximum allowable award. I affirm that I will not receive any reimbursement from my employer in connection with this application. I also understand that I must register and successfully complete the Exam or Program within nine (9) months from the date the scholarship is awarded or the award will be forfeited.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Return completed application to: Paralegal Association of Florida, Inc., Scholarship Committee,  
c/o Eva Gonzalez, FRP, 5008 Dollarway Court, Tampa, FL 33634  
Please direct any questions to: Eva Gonzalez at [nildaglez@yahoo.com](mailto:nildaglez@yahoo.com)**



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## 2020 PROFESSIONAL DEVELOPMENT SCHOLARSHIP GUIDELINES

The Paralegal Association of Florida, Inc. (“PAF”) will award two (2) Professional Development Scholarships to qualified applicants for the specific purpose of encouraging members to attain the Certified Paralegal (“CP”) or the Advanced Certified Paralegal (“ACP”); Florida Certified Paralegal (FCP) credential and (4) Dues Reimbursement scholarships to assist members with annual professional dues. The Professional Development Scholarship is awarded to the recipient upon the presentation of proof of payment and successful completion of the CP Exam, Advanced Certified Paralegal (“ACP”), or the Florida Certified Paralegal (FCP) Certification Program and the Dues Reimbursement Scholarship will be awarded to active members with proof payment for renewals of membership to NALA, FRP or PAF as set forth below:

**(Maximum Award Per Applicant: \$250; Maximum Amount Awarded Annually: \$500.00)**

1. **Applicant must be a member in good standing with the Paralegal Association of Florida, Inc. and their local chapter**, and meet qualifications required to take the Exam/Program.
2. Applicant must work or reside within the State of Florida.
3. **Deadline for receipt of application is thirty (30) days after payment of membership dues to NALA, FRP or PAF.** (No deadline exceptions or extensions). NOTE: Applicants requesting reimbursement for payment of dues must provide proof of payment (copy of canceled check or credit card receipt) with this application.
4. The Professional Goals statement must be submitted in typewritten form and will be judged on originality, clarity and content.
5. The Scholarship Committee shall judge applications and make recommendations to the Executive Committee of PAF, who will make the final decision.
6. Scholarship recipient must inform the Scholarship Committee when the Exam/Program is to be taken. The Scholarship Committee will then seek final approval from the Executive Committee of PAF.
7. **Scholarship recipient must complete the Exam/Program within nine (9) months from the date the scholarship is awarded or the scholarship will be forfeited.**
8. Upon completion of the Exam/Program, the scholarship recipient must provide proof payment and successful completion of the Exam/Program (and proof of purchase for any Review Manual/Study Guide) to the Scholarship Committee, and reimbursement will be made up to the maximum allowable award.
9. Scholarship recipient agrees to serve on the Scholarship Committee for the calendar year following the completion of the Exam/Program.

**Return completed application to: Paralegal Association of Florida, Inc., Scholarship Committee,  
c/o Eva Gonzalez, FRP, 5008 Dollarway Court, Tampa, FL 33624  
Please direct any questions to: Eva Gonzalez at [nildaglez@yahoo.com](mailto:nildaglez@yahoo.com)**