SNAP SCHOLARSHIP AWARD APPLICATION

			Today's Date:	
NAME	ast)	(First)	(MI)	
	,	` ,	(1711)	
ADDRESS	(Street)		(City)	(Zip)
DATE OF 1	BIRTH	//	•	
			P?	
SNAP offic	ces held (if ar	ny)		
Purpose of	Application ((mark all that apply))	
	_		course(s) for which you seted and attach verificat	
		(s), the date complete	rse(s) you have complet ted (if different from abo	
	NALA and NALA CONTROL SNAP'S And of complex of complex control states and the states are states and the states are states and the states are st	nnual convention re LA/CP or ACP examinar or of etion	ion fee – attach proof of gistration fee – attach pro mination fee – attach pro other legal education sen	oof of attendance oof of completion ninar – attach pro
Scholarshir	amount for	which application is	s being made \$	
		which application is act this scholarship of	s being made \$	

-	including the source of the scholarship and/or financial aid.
	Please describe any self-help you will be contributing to your education (saviworking while at school, etc.)
	Please describe any jobs you have held or presently hold including workplace and typwork for the past two (2) years.
- I	Please describe any awards, honors and distinctions you have received.
-]	Please describe your career goals.
- - -	
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NON-DISCRIMINATION STATEMENT: THIS IS AN EQUAL OPPORTUNITY SCHOLARSHIP FUND. NO DECISION FOR AWARDING ANY SCHOLARSHIP WILL BE BASED ON AGE, RACE, RELIGION OR GENDER. SIERRA NEVADA ASSOCIATION OF PARALEGALS ("SNAP") IS A NON-PROFIT CORPORATION. PERSONS WHO ARE NONMEMBERS OF SNAP ARE NOT ELIGIBLE FOR CONSIDERATION.