

## SNAP SCHOLARSHIP AWARD APPLICATION

Today's Date: \_\_\_\_\_

1. NAME \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (MI)

2. ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

3. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. PHONE \_\_\_\_\_

5. How long have you been a member of SNAP? \_\_\_\_\_

6. SNAP offices held (if any) \_\_\_\_\_

7. Purpose of Application (mark all that apply)

\_\_\_\_\_ School tuition. Indicate the course(s) for which you seek reimbursement, the date(s) course was completed and attach verification of completion.

\_\_\_\_\_

\_\_\_\_\_ Text books. Indicate the course(s) you have completed that required the textbook(s), the date completed (if different from above) and attach proof of purchase.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ NALA short course registration fee – attach proof of completion

\_\_\_\_\_ NALA annual convention registration fee – attach proof of attendance

\_\_\_\_\_ NALA CLA/CP or ACP examination fee – attach proof of completion

\_\_\_\_\_ SNAP's Annual Seminar or other legal education seminar – attach proof of completion

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_

8. Scholarship amount for which application is being made \$ \_\_\_\_\_

9. Please describe the impact this scholarship could have on you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please list any other scholarships and/or financial aid you have already received or know that you will receive in connection with the event you are requesting funding for, including the source of the scholarship and/or financial aid.

---

---

---

---

11. Please describe any self-help you will be contributing to your education (savings, working while at school, etc.)

---

---

---

---

12. Please describe any jobs you have held or presently hold including workplace and type of work for the past two (2) years.

---

---

---

---

13. Please describe any awards, honors and distinctions you have received.

---

---

---

14. Please describe your career goals.

---

---

---

---

---

---

---

---

**The above statements are true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_

NON-DISCRIMINATION STATEMENT: THIS IS AN EQUAL OPPORTUNITY SCHOLARSHIP FUND. NO DECISION FOR AWARDED 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.