

NALS OF OREGON SCHOLARSHIP FUND, INC.
The LaVelle Mullenex Memorial Scholarship Award

APPLICATION FOR STUDENT SCHOLARSHIPS

NAME: _____

ADDRESS: _____ PHONE: _____

_____ EMAIL ADDRESS: _____

ELIGIBILITY REQUIREMENTS - EACH CANDIDATE MUST:

- A. Be preparing for a career as **non-attorney legal support staff** (to be defined as someone who works under the supervision of an attorney).
- B. Be a high school senior or enrolled in a school of advanced education (including the current school year).
- C. Be in need of financial assistance.

APPLICANT PLEASE NOTE: Student Scholarship applications are accepted throughout the year. However, this application must be **received** by the NALS of Oregon Scholarship Fund, Inc. Scholarship Chair no later than **August 1st, to be eligible for the current year's scholarship.**

Scholarships will be awarded in September of each year. All funds awarded are available for a period of two years from the date of notification. **The careful and detailed completion of this form is very important. The answers to the questions on the following pages will be kept in strictest confidence.** Questions: Call Donna Browning 541-430-4482 or e-mail: nooscholarshipfund@gmail.com

SUBMIT APPLICATION TO:
NALS OF OREGON SCHOLARSHIP FUND, INC.
P.O. Box 8226
Portland, Oregon 97207

APPLICATIONS WILL BE JUDGED ON MERIT, ABILITY, AND NEED, as follows:

- NEED - 40%** Applicant's financial need, the family's financial situation (where applicable), whether outside help is being received by the applicant from other sources (including other scholarships), and jobs held.

- MERIT - 35%**
 - 25% Includes school or community activities, leadership record, and initiative.
 - 10% **Application MUST be typed and must be complete.** Add 10 percent based upon the presentation of application, including neatness, accuracy, spelling, grammar, etc.

- ABILITY – 25%** Includes GPA, standing or rank in class, letters of recommendation, educational background (including transcripts), and any other information reflecting applicant's ability.

PLEASE NOTE: All scholarship recipients are required to join NALS, which membership cost will be deducted from any scholarship amount awarded. All recipients must complete a NALS application.

I. ATTACH TO THIS APPLICATION FORM THE FOLLOWING:

- A. **OFFICIAL TRANSCRIPT OF SCHOOL GRADES.** Note: Transcript should show cumulative grade point average, number of students, and applicant's rank in class.
- B. **LETTERS OF RECOMMENDATION**
1. One typed, signed letter of recommendation from an employer or person other than a member of the applicant's family, giving relationship of person signing (employer, friend, etc., other than a teacher) and stating applicant's character, personality, initiative, and work skills.
 2. One typed, signed letter of recommendation from the student's major teacher or school counselor stating applicant's activity and leadership record in school; a description of the applicant's character, personality, and initiative; and the applicant's need and home background.

II. EDUCATION/EMPLOYMENT:

- A. College applicant is planning to attend _____
(you must attach a description of the **legal program** this school provides)

Proposed major field of study as legal support staff:

- | | | |
|--|--|--|
| <input type="checkbox"/> legal secretary | <input type="checkbox"/> paralegal | <input type="checkbox"/> legal assistant |
| <input type="checkbox"/> court reporter | <input type="checkbox"/> court personnel | |
| <input type="checkbox"/> law office administrative staff | <input type="checkbox"/> other _____ | |

Scholarship eligibility is based upon student's intent to pursue a career as legal support staff, not as an attorney.

- B. High schools or colleges attended [include City/State]:

- C. If now or previously employed, list names of employers, length of employment, and briefly describe duties. (If space is insufficient, you may add an attachment.)

<u>Employer</u>	<u>Address</u>	<u>Date</u>	<u>Job Description</u>
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III. **FAMILY/FINANCIAL INFORMATION:**

- A. If applicant is emancipated, state number of dependents and their ages.
- B. If applicant lives with parents, state parents' occupations and ages, number of other children currently living at home, and whether children are dependent on the family.
- C. Does student plan to live with family while attending school? If not, please state planned living arrangements (*i.e.*, dormitory, etc.)
- D. Will any individual be contributing financial assistance to application (*i.e.*, tuition, books, etc.)? If so, please state source and type of assistance.

- E. State applicant's financial need.

- F. Please briefly outline a proposed budget for the school year, including items such as travel expenses to and from school (bus, gas, etc.) housing, books, tuition, etc.

- G. If applicant plans to work while attending school, state the type of work, number of hours, and if employment is through a work study program.

- H. If applicant will be receiving other scholarships, loans, or grants state source and amounts.

IV. **EXTRACURRICULAR ACTIVITIES:**

- A. Describe all extracurricular or charitable activities you participated in related to school.

- B. Describe all extracurricular or charitable activities you participated in not related to school.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of Applicant

Date