APPLICATION FOR THE NEALSP SCHOLARSHIP

RETURN APPLICATION TO (POSTMARKED BY JANUARY 27, 2014)

BELINDA PENN, PL, CCM
623 W. Jefferson
Jonesboro, AR 72401

IDENTIFYING NUMBER: _______ (To be assigned by Scholarship Chair)

NOTE: This form and attachments may be copied.

1. Current GPA: _______
(Must be 3.0 or higher.)

2. Attach to the application three (3) one-page letters of recommendation, at least one of which must be from applicant's teacher and/or a member of the school's administration and all of which are from someone other than an AALS member or member of applicant's family, addressed to "AALS — the Association for Arkansas Legal Support Professionals" and reference the following:

   A. The applicant's scholastic achievement, activities and leadership record.

   B. A description of applicant's personal traits, character, personality, ambitions and home background.

   C. The applicant's financial need.

   D. The relationship to applicant, such as employer, teacher, friend, pastor, etc.

   E. The letters MUST BE SIGNED.

DO NOT USE THE NAME OF THE APPLICANT, HE, SHE, THE NAME OF THE SCHOOL ATTENDED OR THE CITY IN WHICH THE APPLICANT LIVES.

3. Include with the application:
   - a one-page 8-1/2 x 11 unsigned autobiographical statement prepared (and preferably typed) by applicant showing date of birth, schools attended, employment, school activities (honors, clubs, choir, etc.), family background, hobbies, and a statement of aims and goals for the future, including your anticipated field of study; and
   - a grade transcript showing GPA for the current year.
PERSONAL INFORMATION

NAME:__________________________________________________________

ADDRESS:_________________________________ AGE:_____ PHONE:______________________

CITY/STATE:_________________________________ ZIP:______________________

SCHOOL:__________________________________________________________

ADDRESS:________________________________________________________

CITY/STATE:_________________________________ ZIP:______________________

DATE:____________ SIGNATURE OF APPLICANT:__________________________________________

The following information is to be filled in by Sponsor as applicable:

Sponsored by:__________________________________________________________ (name of chapter or member-at-large)

Local President:_______________________________________________________ (if chapter)

Address:______________________________________________________________

City:_________________________ Zip:____________ Phone:____________________

Local Scholarship Chair:__________________________________________________ (if chapter)

Address:______________________________________________________________

City:_________________________ Zip:____________ Phone:____________________

State reason why it is necessary for your applicant to receive financial assistance:

________________________________________________________________________
________________________________________________________________________

State number of minor children (including applicant) in family and give ages:

________________________________________________________________________
________________________________________________________________________