

**EL PASO ASSOCIATION OF LEGAL PROFESSIONALS
SCHOLARSHIP AWARD APPLICATION**

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____

Parent or Guardian Address: _____

Parent or Guardian Occupation: _____

Secondary School Attended: _____

Graduation Date: _____ Grade Point Average: _____

College Plan to Attend: _____

How many other dependent children are in your family? _____

How many other members of your family are attending college? _____

What are your interests and hobbies? _____

Will it be possible for you to continue your advanced education without financial assistance?

Explain briefly: _____

Please tell us more about yourself by answering the following questions. A copy of your curriculum vitae/resume may be attached rather than using the spaces below.

(If more space is needed to answer any of the questions, use the back of this form.)

What special recognition, if any, have you received in school, such as honors? List:

List extracurricular activities in which you participated, such as athletics, clubs, etc., including any offices held: _____

List community, civic, or church activities in which you participated: _____

Attach the following:

1. Signed letter from Applicant stating why Applicant would like to pursue a career in the legal field;
2. Signed letter from one person (not relatives) with whom Applicant is well acquainted to substantiate qualifications of Applicant and financial need of Applicant.

(Date)

(Signature of Applicant)

DEADLINE: APRIL 8, 2016

RETURN COMPLETED EPALP APPLICATION FORM TO:

MONICA ACUNA
100 N. Stanton, 10th Floor
El Paso, TX 79901
532-2000
macu@mgmsg.com