



**VERMONT PARALEGAL ORGANIZATION  
PARALEGAL CERTIFICATION SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Employer's Phone: \_\_\_\_\_ Immediate Supervisor(s): \_\_\_\_\_

Current Member of VPO: Yes \_\_\_\_\_ Category: \_\_\_\_\_ No \_\_\_\_\_

Number of Years You Have Been a VPO Member: \_\_\_\_\_

I will continue my membership in the VPO as a Voting Member in the year following award of the scholarship:  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If I receive a Paralegal Certification Scholarship, I agree to take either PACE® or the PCCE™ within one year of receipt of the scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: if you do not renew your membership as a Voting Member in the year following award of the scholarship or take the exam within one year of receipt of the scholarship, you forfeit any scholarship benefits.)

1. Describe how you meet the education and experience requirements necessary to sit for either the Paralegal Advanced Competency Exam® (PACE®) or the Paralegal CORE Competency Exam™ (PCCE™). Please attach a copy of your resume or list paralegal positions you have held, listing employer and a few of your job responsibilities in the position. Please attach a copy of your degree or certification.
2. Describe why you desire to sit for PACE® / PCCE™.
3. Describe what you intend to do in preparation for sitting for PACE® / PCCE™.
4. Describe how you will benefit from successful completion of PACE® / PCCE™.
5. Describe your efforts to obtain financial support for costs associated with sitting for PACE® / PCCE™ from your employer.
6. If you are selected to receive this scholarship, state when you would plan on using the scholarship. [Note: The applicant has one (1) year from the date of acceptance of this scholarship to use the scholarship and complete the exam.]
7. Describe your participation in paralegal associations, including the VPO.

8. Describe your participation in community service and volunteerism.
9. Describe your activities that promote the vocation of paralegals and paralegal education.
10. If you are successful in passing PACE®/ PCCE™, state how you intend to use credentialing to promote the vocation of paralegals and paralegal education.
11. Describe how being a PACE Registered Paralegal® or a CORE Registered Paralegal™ benefits the VPO, the National Federation of Paralegal Associations (NFPA®) and the Paralegal Profession (minimum of ½ page).
12. Give any additional information you would like the Paralegal Certification Scholarship Selection Committee to consider. Please feel free to use additional pages or send other documentation to support your application.

I understand that if I fail to take PACE® or the PCCE™ within one (1) year after being awarded the scholarship, I must notify the Paralegal Certification Ambassador that I will not be able to take the exam within the allotted time frame and that I will forfeit the scholarship. In the event of forfeiture of the scholarship, I understand that I will be prohibited from reapplying for the scholarship for two years following the passing of the one year allotted to take the exam.

I understand that my application and all supporting documents will not be returned to me and that they remain the property of the VPO. I understand that this scholarship is to be used solely and exclusively for the purpose of preparing for and taking the Paralegal Advanced Competency Exam® or the Paralegal CORE Competency Exam™. I understand that it is my responsibility to submit my application to take the exam in a timely manner, to schedule my own exam time, and to register for any on-line study review course, if I chose to enroll in a review course. It is not the VPO's responsibility to calendar these deadlines.

I hereby declare that all information included in this entry is factual and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATIONS MUST BE SUBMITTED NO LATER THAN MARCH 30, JUNE 30,  
SEPTEMBER 30, or DECEMBER 30 OF EACH YEAR.**

**Include this form with your statements and submit to:**

VPO Paralegal Certification Ambassador  
P.O. Box 5755  
Burlington, VT 05402-5755

Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_

*On behalf of the Board of Directors of the Vermont Paralegal Organization, thank you for submitting your application for the VPO Paralegal Certification Scholarship. We look forward to receiving your application. A decision on granting the scholarship will be made within 15 days following the quarterly deadline in which the application was received.*