



**VERMONT PARALEGAL ORGANIZATION
PACE® 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 2012: Yes _____ No _____

If I receive a PACE® Scholarship, I agree to take PACE® by May 30, 2012: Yes _____ No _____

(Note: if you do not renew your membership as a Voting Member in 2012 or take the exam by May 30, 2012, you forfeit any scholarship benefits.)

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1. Describe how you meet the education and experience requirements necessary to sit for the Paralegal Advanced Competency Exam (PACE®). 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®.
 3. Describe what you intend to do in preparation for sitting for PACE®.
 4. Describe how you will benefit from successful completion of PACE®.
 5. Describe your efforts to obtain financial support for costs associated with sitting for PACE® from your employer.
 6. If you are selected to receive this scholarship, state when would you plan on using the scholarship. [Note: The applicant has one (1) year from the date of acceptance of this scholarship to use the scholarship.]
 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®, state how you intend to use credentialing to promote the vocation of paralegals and paralegal education.
11. Give a brief statement (one to two pages in length) how being a PACE Registered Paralegal® benefits the VPO, the National Federation of Paralegal Associations (NFPA®) and the Paralegal Profession.
12. Give any additional information you would like the PACE® Selection Committee to consider. Please feel free to use additional pages or send other documentation to support your application.

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

Signature of Applicant

Date

I understand that if I fail to take PACE® within one (1) year after the date of the scholarship award, I must notify the PACE Ambassador that I will not be able to take the exam within the allotted time frame and that I will forfeit the scholarship.
_____(initial here)

I understand that my application and all supporting documents will not be returned to me and that they remain the property of the VPO. _____ (initial here)

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. _____ (initial here)

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 the on-line study review course, if I chose to enroll in the review course. It is not the VPO's responsibility to calendar these deadlines. _____ (initial here)

APPLICATIONS MUST BE SUBMITTED NO LATER THAN APRIL 15, 2011.

Include this form with your statements and submit to:

Corinne M. Deering, RP®
VPO PACE 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 2011 VPO PACE® Scholarship. We look forward to receiving your application.