



Montana Association of Legal Assistants*Paralegals

**2018-2019 ADVANCED CERTIFIED PARALEGAL COURSE
SCHOLARSHIP APPLICATION**

Name: _____

Address: _____

Phone No. _____ Email: _____

1. I am a MALA member in good standing and have been a member of MALA since _____ (at least one full year before submission of this ACP scholarship application).
2. I currently hold the National Association of Legal Assistants (NALA) Certified Paralegal (CP) designation, awarded on _____ (date). I have attached a copy of my CP Certificate.
3. I understand the scholarship may be used to cover **only** NALA ACP courses.
4. I would like to take the NALA course titled: _____.
5. _____ (initial) I would prefer to have payment of the scholarship award made directly to NALA to cover the registration fee for the approved NALA course. I have attached a pre-registration invoice from NALA. MALA will submit payment directly to NALA. I agree to notify the Chair of the Professional Development Committee at the email address listed below when I have completed the NALA course(s) and provide a copy of my ACP certification.

OR

