



LOUISIANA STATE PARALEGAL ASSOCIATION
APPLICATION FOR THE
JIMMIE MURVIN CERTIFICATION SCHOLARSHIP

Name: _____

Address: _____

Home Phone No. : _____ Mobile No. _____

E-mail address: _____

Active Member of LSPA for ____ consecutive years; since _____ (year)

*Certification to be obtained: ____ LCP ____ CP ____ ACP

I have taken the exam and passed _____ sections. (Attach evidence and/or receipt for exam)

I have not yet taken the exam _____ Exam date: _____

Cost of Study materials: _____ Exam fee: \$ _____ (If paid, attach receipt.)

Amount of Scholarship requested: _____

I have not previously received a JMCS _____

I previously received a JMCS for the _____ exam in the amount of \$ _____.

Additional Information/Comments: _____

*I hereby declare and affirm that I meet all of the qualifications established by NALA and/or LSPA for such exam.

Signature

Date

Mail Application to: LSPA, Attn. JMCS, P.O. Box 51690, Lafayette, LA 70505