



**ANNOUNCING THE 2019-2020  
PARALEGAL SCHOLARSHIP**  
**Sponsored by the South Dakota Paralegal Association**

1. The South Dakota Paralegal Association is pleased to announce the availability of one (1) \$500.00 scholarship for the 2019-2020 academic year.
2. Applicants must be enrolled students in a paralegal education program in the State of South Dakota or they must be a resident of South Dakota and enrolled in a paralegal education program outside of the State of South Dakota.
3. Applicants must have completed at least one year of paralegal studies and maintained a “B” average.
4. Selection will be based upon scholastic excellence, participation in campus and paralegal program leadership activities, community service, and review of writing sample. Proven need for financial assistance may be considered.
5. Enclose a letter of recommendation from a faculty member from your paralegal program with a copy of your transcript.
6. Write a short essay (no more than 4 pages, double-spaced) on the topic, “Why I Decided to Become a Paralegal.”
7. An applicant may not be awarded more than one (1) SDPA scholarship applied toward a paralegal degree.
8. NOTE: FUNDS ARE TO BE USED TO PURSUE A PARALEGAL EDUCATION. CHECKS WILL BE MADE PAYABLE TO THE SCHOLARSHIP RECIPIENT’S PARALEGAL EDUCATION INSTITUTION.
9. Applications and supporting documentation **MUST** be received by the Professional Development Committee Chairperson by May 1, 2019.

**SUBMIT YOUR APPLICATION BY MAY 1, 2019, to:**

**Cindy E. Schmit, ACP, Chairperson**  
**SDPA Professional Development Committee**  
**P.O. Box 88738**  
**Sioux Falls, SD 57109-8738**  
**Or via e-mail to: [cschmit@mayjohnson.com](mailto:cschmit@mayjohnson.com)**

## SDPA SCHOLARSHIP APPLICATION

*PLEASE TYPE. Attach a separate piece of paper where necessary.*

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Evening

COLLEGE WHERE ENROLLED: \_\_\_\_\_

TYPE OF PROGRAM: A.S./A.A. \_\_\_\_\_ B.S./B.A. \_\_\_\_\_

PROGRAM DIRECTOR: \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION: \_\_\_\_\_

PREVIOUS DEGREE(S) EARNED: \_\_\_\_\_

REFERENCES: (List names, addresses and telephone numbers of 2 academic references)

How have you assumed personal responsibility for financing your paralegal education?  
Include any grants/scholarships received, etc:

**SDPA SCHOLARSHIP APPLICATION**

List college activities/honors:

List paralegal program activities/associations:

List additional activities:

**ALL MATERIALS MUST ACCOMPANY THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ELIGIBLE FOR CONSIDERATION.**

Please be sure to attach the following documentation:

1. A copy of your college transcript;
2. A letter of recommendation from a faculty member from your paralegal program; and
3. A short paper on the topic listed in paragraph 6 on page 1 of this application.