

Contact Information and Certification of Attendance Form

2018 ACADEMIC YEAR SCHOLARSHIP

TO BE COMPLETED BY THE STUDENT/APPLICANT:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

College/school and program attending during the 2018 Academic Year

Institution: _____

Program: _____

TO BE COMPLETED BY THE COLLEGE/SCHOOL ADMINISTRATOR:

This will certify that _____ (student name) is a student in good standing, currently enrolled in and attending the _____ (name of program) at _____ (name of college/school). The student's current grade point average is _____ (GPA).

Signature of College/School Administrator Date

PRINTED NAME Title of College/School Administrator

Telephone Number Email Address

Submit to: Chester County Paralegal Association
P.O. Box 295, West Chester, PA 19381-0295

For additional information, please contact:
Maureen O'Hara, MOH436@comcast.net, #484.354.4160