

**ADIRONDACK PARALEGAL ASSOCIATION  
2026 SCHOLARSHIP APPLICATION  
(PLEASE PRINT OR TYPE)**

### **Personal Information:**

**Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Provide the following information for each member of your household, i.e. siblings, grandparents, etc., other than those listed on the front page:

Name \_\_\_\_\_

Age

### Grade in School/ Employment

### **Academic Information:**

High School: \_\_\_\_\_

Concentration (if any): \_\_\_\_\_

Please list the school(s) you plan to attend or have applied to:

**Financial Information:**

**Estimated Cost Per School Year**

|                  |          |
|------------------|----------|
| Tuition and Fees | \$ _____ |
| Room/Board       | \$ _____ |
| Books            | \$ _____ |
| Travel           | \$ _____ |
| Personal         | \$ _____ |
| Total            | \$ _____ |

**Anticipated Financial Aid**

|               |          |
|---------------|----------|
| Savings       | \$ _____ |
| Parents       | \$ _____ |
| Vacation Work | \$ _____ |
| Scholarship*  | \$ _____ |
| Grants*       | \$ _____ |
| Total         | \$ _____ |

\*Please provide details:

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**COMMUNITY SERVICE**

Please list and briefly describe your service to the community and your school.

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Please list all honors received since ninth grade.

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**Additional Requirements:**

Please attach the following:

- Two letters of recommendation from someone other than a relative.
- Current transcript of grades.
- Short essay of not more than one thousand (1000) words detailing your academic and career goals, community service, extracurricular activities and interests, work experience, reasons for requesting financial assistance, and other pertinent information which you wish to have the committee consider.

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Submit completed application to:

Claire K. Weaver, Scholarship Committee  
Adirondack Paralegal Association  
c/o McPhillips, Fitzgerald & Cullum, LLP  
PO Box 299  
Glens Falls, NY 12801

Applications must be received by April 1, 2026. No applications will be considered after that date.

I certify that the information given herein, and which you are authorized to verify, is true and correct, and that the funds for which application is made will be used by me solely for the purpose of furthering my education.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

## RECORDS ACCESS

I, \_\_\_\_\_, hereby give permission to the guidance and career placement office of my high school, \_\_\_\_\_, to give a copy of my high school transcript to the Scholarship Committee of the Adirondack Paralegal Association for use in the evaluating my application for a scholarship to be awarded by the Association.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

## WAIVER

I, \_\_\_\_\_, hereby waive access to the letters of recommendation given by \_\_\_\_\_ and \_\_\_\_\_ to the Scholarship Committee of the Adirondack Paralegal Association for use in evaluating my application to be awarded by the Association.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature