

NALS OF OREGON SCHOLARSHIP FUND, INC.
The LaVelle Mullennex Memorial Scholarship Award

Member Application Deadline: April 1, 2010
For Continuing Education Scholarship
2009-10 Rules and Regulations

1. Scholarship money is available to members of NALS of Oregon who wish to further their career in the legal field. Scholarship money may be used for educational purposes including, but not limited to classes, ALS/PLS/PP certification, seminars, or related courses of study.
2. Applicants from previous years and prior recipients of NALS of Oregon Scholarship Fund, Inc. scholarship awards are eligible to apply.
3. All applications should be in printed form or typed and must be complete. Each application must be submitted on the current NALS of Oregon Scholarship Fund, Inc. application form. Late applications and/or applications not submitted on the current NALS of Oregon Scholarship Fund, Inc. form will be disqualified.
4. Judges shall be selected by the President of NALS of Oregon Scholarship Fund, Inc. subject to the approval of the Executive Board. Judges shall review applications, select the scholarship recipients, determine the amount of each award, and shall keep all application information strictly confidential.
5. Scholarship funds shall be used only for the purposes specified in the application. Study for the program applied for must occur within one year from the date the scholarship is awarded. In the case of study for ALS/PLS/PP certification, a certification exam must be taken within 18 months after the date the scholarship is awarded.

JUDGING EVALUATION:

PROGRAM Applicant's career objectives, planned course of study, and relevance to today's environment. (See Section III)

PRESENTATION Application should be typed or in printed form and must be complete. It may be downloaded in PDF or Word from the NALS of Oregon website at www.nalsor.org. All submissions must be mailed.
NO E-MAIL SUBMISSIONS ACCEPTED. Neatness, sentence structure, spelling, and grammar will be considered.

NEED Applicant's financial need.

LIMITED TO MEMBERS OF NALS OF OREGON

Applications must be **RECEIVED** by NALS of Oregon Scholarship Fund, Inc. by April 1, 2010. Winners will be announced at NALS of Oregon Annual Meeting on April 30, 2010. Questions: Brenda Piplovick, PLS at (work) 503-323-9000 or (cell) 503-704-4836

MAIL APPLICATIONS TO: NALS of Oregon Scholarship Fund, Inc.
P.O. Box 8226
Portland, OR 97207

NALS OF OREGON SCHOLARSHIP FUND, INC.
The LaVelle Mullenex Memorial Scholarship Award

Member Application for Continuing Education Scholarship

I. APPLICATION INFORMATION:

Name: _____

NALS Membership No.: _____ NALS of Oregon Chapter: _____

Mailing Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

II. EMPLOYMENT:

How long in the legal field? _____

Current Employer: _____

Employer's Address: _____

Your Title: _____ Length of employment: _____

Specialty area of law: _____

Describe duties (attach an additional sheet if necessary): _____

Previous Employer: _____

Address: _____

Your Title: _____ Length of employment: _____

Specialty area of law: _____

Describe duties: _____

III. COURSE DESCRIPTION:

A. Class, seminar, course, workshop, etc., applicant is planning to attend or is requesting reimbursement for: _____

- B. Give complete details, including dates, subjects, instructors, and any other available information. If available, attach a copy of the course description.

- C. List other college classes, seminars, workshops, or programs previously attended or attach list:

- D. Outline a proposed budget for the course of study, including applicable registration fees, books, lab fees, travel expense, lodging, meals, books, etc.

IV: OTHER:

- A. Briefly describe your accomplishments, activities, and experiences to date. Include any honors, recognition, awards, community activities, or positions of responsibility or importance to you.

- B. Benefits of course attendance to your current employment or to your career objectives:

V. RATING YOUR NEED: _____ Please rate your need for financial assistance on a scale of 1 to 10 with 10 representing the greatest need. Explanation is optional.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date