

**IDALS...THE ASSOCIATION FOR LEGAL PROFESSIONALS
MONNA MAWSON, PLS, MEMORIAL SCHOLARSHIP APPLICATION**

Please complete the following application by typing or printing so that all information is legible

Name: _____

Address: _____
 Number Street City State ZIP

Home Telephone: _____ Work Telephone: _____

E-mail: _____

School presently attending: _____

Major course of study: _____ GPA: _____

College/University/Professional Technical to be attended: _____

Please furnish future educational goals:

I am applying for this scholarship because:

List extracurricular activities during the last three years:

DATED this _____ day of _____ 2011.

Applicant's Signature: _____

Please attach the following: (1) two letters of recommendation—at least one should be from an educator, the second may be from a business or personal friend; and (2) a copy of your transcript of grades.

For questions regarding this application or inquiries as to the scholarship recipient, please call: Sheila Rhodes (208) 746-3646 or e-mail inquiries to ara@aralawoffice.com.

Application must be postmarked **by MARCH 30, 2012** to:

Sheila D. Rhodes
IDALS Scholarship Committee Chairman
P.O. Drawer 698
1212 Idaho Street
Lewiston, ID 83501

(For Scholarship Committee Use Only)

Date Received: _____

Date Mailed to Judging Panel: _____

Judge: _____

Placement of this applicant: _____