2021 JOAN M. WELDON MEMORIAL SCHOLARSHIP

**CERTIFICATION OF ATTENDANCE AND ACADEMIC EXCELLENCE**

**A. To Be Completed By Student (*Please Print Legibly*)**

Student’s Name:

Student’s Home Phone No.:

Student’s Work Phone No.:

Student’s Cell Phone No.:

Student’s E-Mail:

Student’s Home Address:

Name of School:

**B. To Be Completed By School Administrator**

This will certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a student in good standing,

(Student’s Name)

currently enrolled in and attending the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school

 (Name of School)

or paralegal certificate program offered by our institution. The student has a current grade point

average of \_\_\_\_\_\_\_\_\_\_.

 (GPA)

Signature of School Administrator Date

PRINTED NAME Title of School Administrator

Telephone No. Email Address