



## Central Florida Chapter Association of Legal Administrators 2026 Lynn Osteen Wolfe Memorial Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES  
Completeness and neatness ensure your application will be reviewed properly.

If needed, additional pages may be attached.

**Application postmark deadline February 28, 2026.**

This scholarship is open to all Central Florida ALA member law firm employees and children or grandchildren of employees.

### Applicant Data

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### Law Firm Employee Sponsoring Applicant

Employee Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

### PARENT(S) OR GUARDIAN(S) INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Day Telephone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Fax Number \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Day Telephone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Fax Number \_\_\_\_\_

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**I. HIGH SCHOOL DATA**

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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**YOUR STATUS IN THE 2025-2026 ACADEMIC YEAR**

- Undergraduate:     Freshman             Sophomore             Junior             Senior  
 Graduate             Masters Candidate             Ph.D. Candidate
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**POST SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. **DO NOT** repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

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**II. WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. Please list hourly wage for each job.

Employer/Position	From – Mo/Yr	To- Mo/Yr	Hours per week	Wages

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**III. VOLUNTEER EXPERIENCE**

Describe your volunteer experience during the **past four years**. Indicate approximate **number of hours volunteered with that organization over the last four years**.

Volunteer Organization	Hours

**IV. ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all other activities in which you have participated during the **past four years**. Note all special awards, honors and offices held.

Activity	No. of Years Participated	Special Awards, Honors	Offices Held	Activity	No. of Years Participated	Special Awards, Honors	Offices Held

**V. GOALS AND ASPIRATIONS**

Write a summary of your plans as they relate to your educational and career objectives and long-term goals. You may attach a separate sheet if needed.

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The student is responsible for submitting all materials to CFCALA Scholarship Committee on time. Incomplete or late applications will not be evaluated. This application becomes complete and valid only when CFCALA Scholarship Committee has received all the following materials:

- Student Application**                       **Current Complete Transcript(s)**       **Appraisal**  
(including grading scale)

**All materials, including transcript, must be addressed to:**

**CFCALA Scholarship Committee**  
c/o Jane Corser  
Latham, Luna, Eden & Beaudine, LLP  
2001 S. Orange Avenue, Suite 1400  
Orlando, FL 32801  
407-300-0000  
[mellissa@trialpro.com](mailto:mellissa@trialpro.com)

**CERTIFICATION**

CFCALA has the sole responsibility for selecting recipients based on criteria as outlined in the program’s description. This application becomes the property of CFCALA. **It is recommended that you keep a copy for your files.**

*I acknowledge the decisions of CFCALA are final. I certify that I meet the eligibility requirements of the program as described and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of any information I submitted on or with this application. Falsification of information may result in the termination of the scholarship granted.*

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Postmark deadline is February 28, 2026**