

Candidate No. \_\_\_\_\_

**WISCONSIN ASSOCIATION FOR LEGAL PROFESSIONALS  
AWARD OF EXCELLENCE**

**APPLICATION FORM**

*(Cover Sheet -- for use by the WALP Award of Excellence Chairman only.)*

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Local Chapter \_\_\_\_\_

If flowers are to be presented, what bouquet would you like to receive? Please indicate your first, second, and third choices:

\_\_\_ Red roses \_\_\_ Mixed spring flowers \_\_\_ Other \_\_\_\_\_

Name of attorney or supervisor furnishing comments in this application form, and if we may contact him or her, please provide daytime phone number:

\_\_\_\_\_

Name of member submitting nomination: \_\_\_\_\_

Name of sponsor furnishing comments on this application form, along with address and daytime phone number:

Sponsor: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Names and addresses of local newspapers and local bar association for publicity purposes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date submitted by sponsor

\_\_\_\_\_ Date postmarked

\_\_\_\_\_ Date received by WALP Award of Excellence Chairman

**A. EDUCATION, SKILLS, AND EXPERIENCE**

1. Education (Specify highest grade/level completed)

\_\_\_\_\_ High School  
\_\_\_\_\_ College or University  
\_\_\_\_\_ Business College

Please identify degree and date obtained: \_\_\_\_\_

Law-related courses completed: \_\_\_\_\_

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Have you received PP, PLS, ALS, or other certification? \_\_\_ Yes \_\_\_ No  
If so, please identify and indicate the date received and date(s) recertified: \_\_\_\_\_

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Have you received (and renewed, if applicable) the NALS Continuing Legal Education Award? \_\_\_ Yes \_\_\_ No If so, please identify the date(s) (month/year) issued: \_\_\_\_\_

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2. Skills (List skills you possess for your current employment) \_\_\_\_\_

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3. Experience

Total number of years in law-related employment? \_\_\_\_\_

Identify your primary job description for the major portion of that time: \_\_\_\_\_

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Briefly describe your present position and specific duties performed: \_\_\_\_\_

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List exceptional work achievements: \_\_\_\_\_

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**B. Service to Local, State and National Association:**

Year of affiliation as member: \_\_\_\_\_

1. Elected/appointed offices and committee chairmanships held (do not include dates):

Local: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

National: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List exceptional association achievements: \_\_\_\_\_  
\_\_\_\_\_

2. Attendance at WALP board meetings and annual meetings within the last five years:

Number of times in attendance at board meetings  
not held in conjunction with annual meeting \_\_\_\_\_

Number of times in attendance at annual meeting \_\_\_\_\_

3. Attendance at **NALS** meetings or conferences within the last five years. Please indicate the name of the meeting and the total number of meetings attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. Charitable and Civic Activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Comments by Present Employer**

(Please comment without referring to applicant by name or other identifying means; your comments may not exceed 100 words and should not be signed):

**E. Comments by Sponsor**

(Please comment without referring to the applicant by name or other identifying means; your comments may not exceed 100 words and should not be signed):