

# Administrative Office of the Courts

Supreme Court of New Mexico

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## Scholarship Application -Applicants Data- New Mexico Center for Language Access – Language Access Specialist

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

Current Job Title \_\_\_\_\_

Court or Division \_\_\_\_\_ Worksite Location \_\_\_\_\_

How long have you been in your current position? \_\_\_\_\_

How long have you worked for the New Mexico Judiciary? \_\_\_\_\_

Language Abilities: Please indicate in addition to English, in what other languages you are fluent.

\_\_\_\_\_

Date of NMCLA Interview: \_\_\_\_\_

Session Start Date \_\_\_\_\_

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**Scholarship Application**  
**- References-**  
**New Mexico Center for Language Access – Language Access Specialist**

Please attach **written** statements from each of the following individuals. **They may choose to use the attached form (page 3 of this document).**

Your Immediate Supervisor:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

The Court Executive Officer, Chief Clerk, or Director of your Court or Division:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Also, attach:

1. A written statement regarding why you are requesting this scholarship and how you will use the NMCLA Language Access Specialist Certificate to enhance language access at your workplace.
2. A copy of your notification of acceptance into the NMCLA Language Access Specialist Certification Program.
3. A copy of your resume and work history.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**RETURN** this completed application and attachments at least two weeks before the session start date.

Pamela Sánchez  
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New Mexico Administrative Office of the Courts  
237 Don Gaspar, Room 25  
Santa Fe, New Mexico 87501

**Scholarship Application**  
**New Mexico Center for Language Access – Language Access Specialist**  
**Supervisor/Court CEO Reference Form**

Applicant's Name \_\_\_\_\_

**Person Completing the Form:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Info \_\_\_\_\_

Please respond to the following questions:

1. How long have you known the applicant and in what capacity?
  
2. Why are you recommending this applicant for Language Access Specialist Certification?
  
3. How do you see the applicant, once certified, providing language access services in your court?
  
4. Will you allow this employee, once certified, to assist others outside of his/her specific job responsibilities, as needed to ensure language access for court customers?
  
5. District/Metro Courts Only: Will you provide the \$1.00 per hour pay increase to this applicant once they have provided proof of LAS Certification?
  
6. Please provide any additional information you believe will be helpful to the Scholarship Award Committee.

Return to applicant for submission or send directly to: [aocpjs@nmcourts.gov](mailto:aocpjs@nmcourts.gov) .