



**South Carolina Association of Legal Investigators**  
**“The Robert H. Joseph Scholarship Award”**  
**APPLICATION**

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**I. BACKGROUND INFORMATION**

**A. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. SCALI SPONSOR INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

SCALI Member Since: \_\_\_\_\_

**II. EDUCATION INFORMATION**

**A. HIGH SCHOOL INFORMATION**

For each school attended, please provide the following information. If more than one, list most recent first.  
(An official certified copy of applicant's transcript must be attached for each school attended)

High School Address/Telephone:	Dates of Attendance:	GPA:	Graduation Year:
1.			
2.			
3.			

**B. Entrance Examination Results:**

ACT Score: \_\_\_\_\_  
Date Taken: \_\_\_\_\_

SAT Score: \_\_\_\_\_  
Date Taken: \_\_\_\_\_

**C. Please provide a copy of all college/university letters of acceptance.**

**D. College/University Information**

For each school attended, please provide the following information. If more than one, list most recent first.  
(An official certified copy of applicant's transcript must be attached for each school attended)

College/University Address/Telephone:	Dates of Attendance:	Major/Minor:	GPA:	Graduation Date or Projected Date:
1.				
2.				
3.				

**III. FINANCIAL INFORMATION**

**A. How do you plan to pay for your education?**

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**B. Scholarship Information:**

Scholarship Name	Date Received	Renewal Terms	Amount
1.			
2.			
3.			

Note: Please attach additional sheets if you have attended more than three high schools, three colleges or universities, or received more than three scholarships.

**C. Have you previously applied for a SCALI scholarship? \_\_\_\_\_**

If so, when? \_\_\_\_\_ Did you receive a SCALI scholarship? \_\_\_\_\_

#### IV. ESSAYS

A. Please type double-spaced, and number all essays and submit them electronically according to the instructions below. For each page included, please type your name and year of birth in the upper right-hand corner.

Essay I:

In 400 words or less, please state your future academic and career plans, and your reasons for pursuing such academic and career goals.

Essay II:

In 500 words or less, please list your academic, professional, social, civic and volunteer activities and work experience for the past four years. Indicate how they have affected your life.

Essay III:

In 400 words or less, please state why you feel deserving of the Robert H. Joseph SCALI Scholarship, and why you believe your background, education and/or your professional goals make you deserving of a scholarship from the South Carolina Association of Legal Investigators, Inc.

#### V. COURT RECORD

A. Have you ever been arrested or charged with any violation? \_\_\_\_\_ (List all such matters, even if not formally charged, no court appearance, found not guilty, or if the matter was settled by payment of fine or forfeiture of collateral)

Date:	Place:	Charge:	Final Disposition:	Details:
1.				
2.				
3.				

**Submittal instructions:**

Submit this form and all supporting forms to the SCALI Scholarship Committee. A link can be found at [www.scalinv.com](http://www.scalinv.com). Look under Membership then Bob Joseph Scholarship.

I hereby certify that the foregoing application is true and correct to the best of my knowledge. I authorize the publication of my photograph posted at the SCALI annual conference and on the SCALI website.

APPLICANT'S NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**SCALI Sponsor:**

I have reviewed the foregoing application and have determined it to be true and correct to the best of my knowledge. I certify that the above applicant is my son/daughter/legal ward. I further certify that I am an active SCALI member in good standing and that my dues are paid in full to date.

SPONSOR'S NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_