

South Carolina Association of Legal Investigators SCHOLARSHIP APPLICATION

I. BACKGROUND INFORMATION

Α.	APPLICANT INFOR	MATION			
Las	st Name:	First Na	ıme:	MI:	
Add	dress:				
Tel	ephone:		_Email:		
Soc	cial Media Accounts:				
R	SCALI SPONSOR IN	FORMATION			
		First Na	imo.	N/II-	
		FIISUNA	e	IVII.	
Add	dress:				
Tel	 ephone:		_Email:		
SC	ALI Member Since:				
			ATION INFORMAT	ΓΙΟΝ	
A.	For each school attended (An official certified copy	, please provide the following i of applicant's transcript must b	information. If more that be attached for each so	an one, list mo	st recent first.
	High S Address/Te	chool elephone:	Dates of Attendance:	GPA:	Graduation Year:
	1.				
	2.				
	3.				

Date Taken:		Date Ta	ore: aken:		
Please provide a copy o	of all college/unive	ersity letters of	acceptance	э.	
college/University Infor					
or each school attended, plea An official certified copy of ap	ase provide the following	g information. If mo	re than one, lis	t most recent first.	
College/University Address/Telephone:	Dates of Attendance:	Major/Minor:		Graduation Date Projected Date:	e or
1.					
2.					
3.					
	III. FINA	ANCIAL INFOR	MATION		
How do you plan to pay for your education?					
low do you plan to pa	y for your educati	on?			
low do you plan to pa	y for your educati	on?			
		on?			
cholarship Information			Renewal Te	rms	Amount
		on? Date Received	Renewal Te	rms	Amount
cholarship Information Scholarship Name			Renewal Te	rms	Amount
cholarship Information Scholarship Name 1.			Renewal Te	rms	Amount
cholarship Information Scholarship Name 1.			Renewal Te	rms	Amount
cholarship Information Scholarship Name 1. 2. Note: Please attach add		Date Received			Amount

IV. ESSAY

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	
Looay	•

In 600 words or less, describe why you feel deserving of a SCALI Scholarship. Include how your background, education and work experience (including any social, civic, or volunteer experience) along with your academic / career goals qualify you for a scholarship from this organization.

COL		

					(List all such matters,
		mally charged, no e or forfeiture of c		und not guilty, or if the	ne matter was settled by
Date:	Place:	Charge:	Final Disposition:	Details:	
1.					
2.					
3.					
Submit t	alinv.com. Loc	all supporting forn ok under Member	ns to the SCALI Scho ship then Bob Joseph	Scholarship.	link can be found at knowledge. I authorize the
			the SCALI annual co		
APPLICA	NT'S NAME _				<u></u>
SIGNATURE:			Da	te:	<u></u>
knowled	viewed the foge. I certify th	at the above appl		nter/legal ward. I furth	correct to the best of my ner certify that I am an active
SPONSO	R'S NAME				<u></u>
SIGNATU	SIGNATURE:Date:				