



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

**I BACKGROUND INFORMATION**

**A. APPLICANT INFORMATION**

Full Name: (Please Print): \_\_\_\_\_

SS#:  Last Four  : \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address:

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

Permanent Address:

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

**B. SCALI SPONSOR INFORMATION**

Full Name: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

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

Telephone: \_\_\_\_\_ e--mail: \_\_\_\_\_

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 / Phone	Dates of Attendance	GPA on a Scale of X	Class Class Size	Did You Gradu- ate? Major
1.				
2.				
3.				

# APPLICATION

**B. Learning Institution Entrance Exam Results**  
**(Fully Accredited College, University, Trade School, or Community College)**

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

**C: Please provide letter of acceptance for entrance to the Learning Institution.**

**D: Learning Institution Information:**

For each learning institution attended, please give the following information.  
 If more than one, list most recent to the oldest.

Learning Institution Name Address / Phone	Dates of Attendance	Major/ Minor	Did You Graduate? Projected Graduation Date	GPA/ Scale	
1.					
2.					
3.					
4.					

### III FINANCIAL INFORMATION

**A.** How do you intend to pay for your education? \_\_\_\_\_

**B.** If you received more than three scholarships, please complete the following:

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

**Note:** If you have received more than three scholarships or have attended more schools than those listed on the these pages of this application, please supplement this application with additional pages.

**C.** Have you previously applied for a SCALI Scholarship ? \_\_\_\_\_  
 If yes, when? \_\_\_\_\_ Were you a SCALI Scholarship Recipient ? \_\_\_\_\_

# APPLICATION

## IV Essays

Please type, double space and number all essays and submit them on separate sheets of 8½ x 11 paper. For each Page included, please type your name and year of birth in the upper right hand corner.

### Essay I:

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

### Essay II:

In 500 words, 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, please state why you feel deserving of the Robert H. Joseph SCALI Scholarship, and why You believe that your background, education and/or your professional goals from an organization of professional private investigators such as the South Carolina Association of Legal Investigators, Inc.

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### CRIMINAL HISTORY

Have you ever been charged/and or convicted with/of a crime. YES \_\_\_\_ NO \_\_\_\_ . If YES then please State the following:

Date: \_\_\_\_\_ State/County: \_\_\_\_\_ / \_\_\_\_\_

Nature of Crime/Charges: \_\_\_\_\_

Disposition: \_\_\_\_\_

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I hereby certify that the forgoing application is true and correct to the best of my knowledge. I also 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.

NAME \_\_\_\_\_

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

DATE: \_\_\_\_\_

Mail the Original and Six(6) copies to:

**SCALI Scholarship Application**  
**PO Box 835**  
**Simpsonville, SC 29681 - 0835**