

SOUTH CAROLINA SUMMARY COURT JUDGES' ASSOCIATION



SCHOLARSHIP APPLICATION

Name: _____ Bar # _____

Address _____

MAGISTRATE _____ COUNTY _____ MUNICIPAL JUDGE _____ CITY _____

Telephone _____ Fax _____ E-mail _____

Home Phone Number _____ Cell Phone Number _____

Course Requested _____

Dates and Location _____

DOCUMENTATION FROM YOUR COUNTY/MUNICIPALITY IS REQUIRED FOR PROCESSING YOUR REQUEST

I HEREBY CERTIFY THAT I HAVE APPLIED FOR FUNDING THROUGH MY COUNTY/
MUNICIPALITY FOR THIS CONFERENCE AS INDICATED BELOW.

REQUESTED: \$ _____ APPROVED \$ _____

Continuing Legal Education Hours accrued this reporting period _____.

I AM REQUESTING FINANCIAL ASSISTANCE/SCHOLARSHIP ASSISTANCE FROM THE SOUTH
CAROLINA SUMMARY COURT JUDGES' ASSOCIATION FOR THE FOLLOWING:

CONFERENCE FEE \$ _____

LODGING (3 NIGHTS Maximum) \$ _____

TOTAL FUNDS REQUESTED \$ _____

Applicant Signature

Date

Please return this form 30 DAYS PRIOR TO PROGRAM by MAIL, FAX OR EMAIL to:

Judge Derrick Dash
Scholarship Committee Chair
PO Box 9000
Orangeburg, SC 29115
Phone: 803-533-6036
Fax: 803-533-6037
Email: ddash@orangeburgcounty.org

Committee Use
Only Approved _____
Denied _____
Date _____

Approved By: _____ Chief Administrative Judge

SERVING JUSTICE THROUGH JUDICIAL EDUCATION