

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
P O Box 9000
Orangeburg, SC 29115
FAX: 803-533-6037
Email: ddash@orangeburgcounty.org

Committee Use Only	
Approved	_____
Denied	_____
Date	_____

Approved By: _____
Chief Administrative Judge

SERVING JUSTICE THROUGH JUDICIAL EDUCATION