



## **CITY OF SENECA 2024 SCHOLARSHIP APPLICATION**

Mayor Daniel W. Alexander  
Mayor Pro Tem Ronnie O’Kelley

### **Council Members**

Lekesha Benson  
Scott Durham  
WC Honeycutt, Jr  
Dana Moore  
Ernest Riley  
Denise Rozman  
Joel Ward

### **APPLICANTS**

Applicants must be seniors at Seneca High School who will graduate in the top 50% of their class and have a 2.5 GPA. Applications will be available for students through the guidance office at Seneca High School and/or City Hall. Applications are due by 5pm on March 29, 2024 and can be dropped off at City Hall. They can also be emailed to Kathy Wilkes at [kwilkes@seneca.sc.us](mailto:kwilkes@seneca.sc.us).

### **APPLICATION PROCESS**

The following items are needed to completely evaluate any application for the City of Seneca Scholarship. Please do not staple pages. Please type or print legibly the application and all attachments.

1. Typed or printed application form with all information requested.
2. Copy of applicant’s transcript, complete through first semester senior year. Transcript should include grades, grade point average and class rank.
3. Three (3) letters of recommendation. One (1) must be from a current Seneca High School faculty member. The other letters may be from individuals of your choice. Letters must include a return address and telephone number should additional information be needed.

**APPLICATION AWARD:** Recipients of the City of Seneca Scholarship will receive \$1,000.00 payable to any in-State College upon verification of acceptance. This is a non-renewable scholarship. Two \$1,000.00 scholarships will be awarded for study at a two- or four-year college.

**Deadline to return completed application to Seneca City Hall: March 29, 2024, 5pm**

**Please be sure to complete the application in its entirety and submit all requested documents.**

City of Seneca  
221 East North First Street  
Seneca, SC 29678  
Ph: (864)885-2700 Fax: (864)885-2701  
[www.seneca.sc.us](http://www.seneca.sc.us)

***CITY OF SENECA 2024 SCHOLARSHIP APPLICATION***

Name \_\_\_\_\_ Age \_\_\_\_\_  
                    First                                      Middle                                      Last

Address \_\_\_\_\_  
                    Street                                      City                                      Zip Code                                      County

Telephone Number \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Approximate Annual Salary \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Approximate Annual Salary \_\_\_\_\_

Number of Children Living at Home \_\_\_\_\_ Number of Children Attending College \_\_\_\_\_

Applicants Proposed Course of Study/Occupation \_\_\_\_\_

**List in order of preference the name and address of three colleges, universities, or business schools where you have formally applied or plan to apply.**

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Accepted YES or NO (circle one)

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Accepted YES or NO (circle one)

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Accepted YES or NO (circle one)

**Please tell us about your financial need for this scholarship (attach another sheet if more space is needed.)**

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**List school extracurricular activities and/or community service including athletics, music, clubs, etc. (attach another sheet if more space is needed.)**

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**List any academic awards and/or honors received (attach another sheet if more space is needed.)**

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**I hereby make application for the City of Seneca Scholarship and certify that:**

- 1. All information is true and correct.**
- 2. Any funds received from the City of Seneca will be used for the purpose of my college expenses.**
- 3. I will notify the City Administrator immediately if there is any interruption in continuing my education this year.**

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**Applicants Signature**

**Date**