

CITY OF SENECA
P.O. Box 4773
221 East North First Street
Seneca, South Carolina 29679
(864)885-2700 Fax: (864)885-2701
www.Seneca.SC.US



Council Members
Scott Durham
Al Gaines, Sr
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Mayor Daniel W. Alexander
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CITY OF SENECA
2022 SCHOLARSHIP APPLICATION

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.

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 legible 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 31, 2022, 5pm

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CITY OF SENECA 2022 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 _____

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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)

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

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

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

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.**

Applicants Signature

Date