



**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

**Mayor Daniel W. Alexander**  
**Mayor Pro Tem Ronnie O'Kelley**

**Council Members**  
**Scott Durham**  
**Al Gaines, Sr**  
**Dana G. Moore**  
**Stuart Pohl**  
**Denise Rozman**  
**Anthony Smith**  
**Joel Ward**

**City of Seneca**  
**2017 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 neatly the application and all attachments.**

1. Typed or printed neatly 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.

This application should be signed and dated by the applicant.

**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:**

**Friday, March 31, 2017, 5:00 pm**

**City of Seneca  
2017 Scholarship Application**

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

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

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

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

Address \_\_\_\_\_

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

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

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

Employer \_\_\_\_\_

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

Applicants Proposed Occupation \_\_\_\_\_

List in Order of preference three colleges, universities, or business schools where you have formally applied or plan to apply.

Name of Institution	Address	Accepted	
		Yes	No
_____	_____		
_____	_____		
_____	_____		

Please state the reason(s) why you need financial assistance. (Attach another sheet if more space is needed).

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List School and Community extracurricular activities including athletics, music, and any offices held. (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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Please use this space to record additional information you feel will be of interest to the selection committee.

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Certification

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

1. All the information submitted is true and correct;
2. I will use any funds received from the City of Seneca for the purpose of paying for expenses for my college education; and,
3. I will notify the City Administrator immediately if there is any interruption in my plans for continuing my education this coming year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date