

# 2016 YOUTH SCHOLARSHIP PROGRAM



*Up to twelve \$3,000 Scholarships to be awarded*

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## Eligibility

The scholarships are limited to individuals who meet all of the following qualifications:

- High School Seniors who will graduate by the end of the current school year (May/June 2016).
- Students enrolled full-time in an accredited college, university or vocational/technical school by the end of 2016.
- Students who reside at a home served by SECO Energy.

## Qualifications

Scholastic record (weighted GPA), school/community activities and financial need are the primary considerations.

## Application

The application must be completed by the student and received by SECO no later than 5:00 p.m. Friday, March 25, 2016. Either mail the application to: **SECO Energy, Attn: Corporate Communications, PO Box 301, Sumterville, FL 33585** or drop the application off at any of SECO's Customer Service Centers. If you have questions call Corporate Communications at **(352) 569-9561**.

## Selection

A scholarship committee will evaluate the applications and make the award recommendations. The decisions of the scholarship committee will be final.

## Notification

A personalized certificate indicating the scholarship award will be presented to the scholarship winners. Winners will be notified by phone or mail on or about April 28, 2016.

## Disbursement

The scholarship funds will be distributed and made payable to the student and the school after the student provides SECO with registration documentation from the college, university, or vocational/technical school. Scholarships are to be used for tuition and/or books. Scholarships are non-renewable.

Name (Full name): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Guardian (Must be a SECO Member): \_\_\_\_\_

SECO Account Name: \_\_\_\_\_ SECO Account Number: \_\_\_\_\_

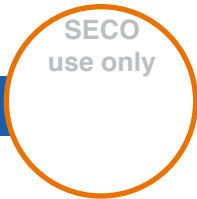
Applicant's Home Phone: \_\_\_\_\_

High School You Attend: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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## School Year Activities

School Participation (Organizations, athletics, etc.):

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Community Service Participation:

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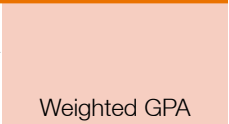
Employment:

## Scholastic Achievements

Honor Societies, Scholastic Awards, etc.:

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## Financial Need Information *(strictly confidential)*

Income of Parents: \_\_\_\_\_ Number of Family Members in Household: \_\_\_\_\_

*Use adjusted gross income from 2014 Federal Tax Return - attach a copy of return*      *Count mother, father, and dependent children, including yourself.*

What are your educational/academic goals and future career plans? How do you plan to use your studies to achieve your future career plans? You may attach one extra sheet if necessary, but limit comments to 200 words.

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*This is to certify that the information contained in this application is true.  
**All signatures must be present to qualify as applicant!***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

