

# 2018 YOUTH SCHOLARSHIP PROGRAM



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

## Eligibility

Scholarships are limited to individuals who rank highest and meet all of the following qualifications:

- High School Seniors who will graduate by the end of the current school year (May/June 2018).
- Students enrolled full-time in an accredited college, university or vocational/technical school **located in Florida** by the end of 2018.
- 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 30, 2018. Mail the application to: **SECO Energy, Attn: Corporate Communications, PO Box 301, Sumterville, FL 33585.** Or deliver the application to a SECO Member Service Center. If you have questions call Corporate Communications at **(352) 569-9561** or email: **communications@secoenergy.com**. Incomplete applications will be disqualified.

## Selection

A scholarship committee will evaluate the applications and make the award

recommendations. The decisions of the scholarship committee will be final.

## Notification

Winners will be notified by phone or mail on or about April 27, 2018. Personalized certificates will be presented to the scholarship winners.

## Disbursement

The scholarship funds will be distributed and made payable to the student and the school after the student provides SECO with proof of acceptance from the Florida 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: \_\_\_\_\_

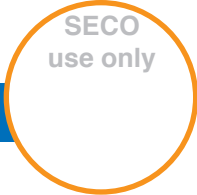
Applicant's Home Phone: \_\_\_\_\_

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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## Scholastic Achievements

Honor Societies, Scholastic Awards, etc.:

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Weighted GPA

## Financial Information *(strictly confidential)*

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

*Use adjusted gross income from 2016 Federal Tax Return - attach a copy of return*      *Count mother, father, and dependent children, including yourself.*

In 200 words or less, describe your educational/academic goals and future career plans, and how you plan to use your studies to achieve your 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: \_\_\_\_\_

