

**The Palmetto Electric Trust Scholarship Program
Scholarship Guidelines and Instructions
2019 – 2020 Academic Year**

Purpose

The Palmetto Electric Trust Scholarship Fund was established by the Palmetto Electric Trust. The purpose of the Palmetto Electric Trust Scholarship Program is to assist qualified students in pursuit of a post-secondary education who demonstrate a willingness to learn and financial need.

Eligibility/Criteria

1. Applicant must be a legal resident residing in Southern Beaufort, Jasper or Hampton County.
2. Applicant must be a high school senior scheduled to graduate in the spring of the current school year.
3. Applicant must have a cumulative grade average of 80 to 92.
4. Applicant must have a score of 800 or better on the SAT or a score of 14 or better on the ACT.
5. Applicant must demonstrate financial need.

Application Procedure

1. Application form must be completed.
2. A copy of the applicant's and applicant's parent(s) or guardian(s) federal tax returns for the most current year completed must be submitted.
3. A copy of the applicant's high school transcript including senior year's first semester.
4. A copy of the official record of the applicant's SAT or ACT score.
5. A letter of recommendation from a subject matter teacher must be submitted.
6. Applicant must write a 250-word essay on their career path plans after obtaining your education.

All application materials must be received by February 14, 2020.

Financial Condition (Parents & Student) as of _____ 20__.

ASSETS:

Cash

Banking Institution	Address	Account	Amount

Real Estate

Type (Home, Land, etc.)	County	Partial or Wholly Owned	Market Value

Securities

Description	Identification #	Value

Other

Type (Personal Property, Auto, Life Insurance - Cash Value, etc. Include description, account no., etc.)	Value

TOTAL ASSETS

\$ _____
Total

LIABILITIES:

Notes Payable

Lender's Name	Address	Amount

Mortgage

Mortgagor's Name	Address	Amount

Other Debt

Type (State Type: Taxes, Outstanding Bills, Other)	Amount

TOTAL LIABILITIES

\$ _____
Total

Statement of Monthly Expenses (Parents) as of _____ 20__.

		Monthly Payment
Housing	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
Food		
Utilities	Electric	
	Gas	
	Telephone	
Transportation	Automobile Payments	
	Gasoline	
Insurance	Medical	
	Life	
	Automobile	
Charge Accounts (Specify Type)		
Loans (Specify Type)		
Taxes (Specify Type)		
Other Expenses (Specify Type)		
Total Monthly Expenses		\$

Statement of Monthly Income (Parents) as of _____ 20__.

		Amount
Salary: Father		
Salary: Mother		
Bonus, Tips & Commissions		
Social Security		
Supplemental Security Income (SSI)		
Real Estate Income		
Other: (Please state: Alimony, Child Support, Dividends & Interest, Other)		
Total Sources of Monthly Income		\$

Other Members of Household:				
Last	First Name	Middle	Relationship	Attending College
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment of All Other Household Members:				
Name	Employer	Address	City	State

The information contained in this statement is for the purpose of obtaining funding from the Palmetto Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Palmetto Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Palmetto Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Employees of Palmetto Electric are not eligible.

Signature of Applicant

Signature of Parent or Guardian

Date

Application and all other documents must be submitted by February 14, 2020.

EDUCATOR'S RECOMMENDATION FORM

Name of Applicant: _____
(Last) (First) (Middle)

School: _____
(High School) (Street or P.O. Box) (City or Town) (State) (Zip Code)

County: _____

To Be Completed by Educator/Counselor

1. How well, how long and in what capacity have you known the applicant? _____

2. How firm is the applicant's commitment to his/her proposed field of study? _____

3. In your opinion, do you feel that this student will continue his/her education until completion?

4. In comparison to other students whom you have known at comparable stages of their careers, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Above Average	Average	Below Average
Seriousness of Purpose				
Initiative				
Maturity				
Adaptability				
Enthusiasm				
Emotional Stability				
Leadership				
Public Speaking				

5. Please cite a specific example of how, in your association with the applicant, he or she has demonstrated the above qualities.

(Signature) (Title or Position) (Date)