

# PALMETTO ELECTRIC TRUST

4063 Grays Hwy.  
Ridgeland, SC 29936  
(843) 726-5551

## SCHOLARSHIP APPLICATION Two Year Accredited Institution

**Name** \_\_\_\_\_  
Last
First
Middle

**Address:** \_\_\_\_\_  
Residence Address
Mailing Address

\_\_\_\_\_ City or Town
State
Zip Code

\_\_\_\_\_ Telephone Number
E-mail Address

<b>High School Attending:</b>	GPA	SAT			ACT
Name		Verbal	Math	Total	

**College Major:** \_\_\_\_\_

<b>Colleges Applied:</b>				
Name	Address	City or Town	State	Zip Code

<b>Community &amp; Extracurricular Activities:</b>		
Activity in Priority Order	Dates	Hours Per Week

<b>Applicant's and Parents' Employment:</b>					
Employer	Address	City	State	Zip Code	# Hours Per Week

**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)		
<b>Total Monthly Expenses</b>		<b>\$</b>

**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)		
<b>Total Sources of Monthly Income</b>		<b>\$</b>

<b>Other Members of Household:</b>				
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"/>

<b>Employment of All Other Household Members:</b>				
Name	Employer	Address	City	State

Are you related to a Palmetto Electric Cooperative Board Member or Employee? Yes  No   
 If yes, list their name and relation.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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. Board members, employees and members of their immediate family are not eligible.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

***Application and all other documents must be submitted by February 28, 2025.***

## 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)