





**Application deadline:** April 30<sup>th</sup> of current calendar year

**Application checklist:** This application becomes valid only after receipt of ALL of the following by the deadline date.

1. Completed student application for scholarship.
2. Current transcript(s) of grades
3. Any additional sheets used in completing this application

**Certification**

In submitting this application, I hereby certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information that I have given on this form. Falsification of information may result in termination of any scholarship granted.

**Applicant's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Return completed application and requested documentation to:**

Seneca SWCD  
Attn: Scholarship Application  
3140 S. SR 100, Suite D  
Tiffin, OH 44883  
419-447-7073

*\*Second Year means you are pursuing an Associates Degree and have completed one full year in the program, and are currently enrolled full-time in your second and final year.*

*Programs of the Seneca SWCD are available without regard to race, color, national origin, marital status, religion, age, sex, political affiliations, physical handicap or relation to any other organization.*