



SPOON RIVER ELECTRIC COOPERATIVE SCHOLASTIC SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:

Address:

Phone Number:

Email Address:

Date of Birth:

Name of Parent or Guardian:

ACADEMIC INFORMATION

High School Currently Attending:

GPA:

S.A.T. / A.C.T. Score:

Circle one

Intended Major or Field of Study:

ACTIVITIES & INVOLVEMENT

Please list school, community, volunteer, or work experience. Include leadership roles, hours worked and for what time period.

Information about yourself, why you are applying for this scholarship, and how it will help you achieve your educational goals.

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We have examined this application, including accompanying submissions, and to the best of our knowledge and belief, it is true, correct and complete.

Signed:

Applicant

Signed:

Parent or Guardian



SPOON RIVER
ELECTRIC COOPERATIVE
Your Touchstone Energy® Cooperative

or email: tmellert@srecoop.org