

SPOON RIVER ELECTRIC COOPERATIVE SCHOLASTIC SCHOLARSHIP APPLICATION

NAME:		
ADDRESS:		
	Street or Route	
City	State	Zip Code
TELEPHONE NUMBER: ()		
Date of Birth:		
Name of Parent or Guardian:		
High School Currently Attending:		
H.S. Grade Point Average (100 point scale) e.g. if your school uses a 4 point scal	le, multipy your G.P.A. by 25; if your school uses a 5pc	oint scale, multipy gour G.P.A. by 20
Most Recent S.A.T. and/or A.C.T. Score	S.A.T.	A.C.T.
	Male	Female
List positions held, for what time period, and	whether votableer of jor puy	
PARTICIPATION IN SCHOOL AND COME. List activities (both school and non-school) in whi	MMUNITY ACTIVITIES ich you have participated, along with years of member.	ship or participation.
Organization or Activity	# of Years	Offices Held

BIOGRAPHICAL STATEMENT

Information about yourself that you	feel is important. The biograp	phical statement should be ledgi	ble and contained within this space.
STATEMENT OF APPLICANT A	ND PARENT OR GUARDIA	N	
We have examined this application,		ssions, and to the best of our kn	olwdge and belief, it is true, correct,
Date:		signed:	
			Applicant
Date:	S	ligned:	

DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS AND REQUIRED SUBMISSIONS IS MAY 8, 2026

(Parent or Guardian)



RETURN TO: SPOON RIVER ELECTRIC COOPERATIVE
ATTENTION: TARYN MELLERT
PO BOX 340
CANTON IL 61520