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 scale, multipy your G.P.A. by 25; if your school uses a 5point 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 _____

WORK AND VOLUNTEER EXPERIENCE
List positions held, for what time period, and whether volunteer or for pay

_____

_____

_____

_____

PARTICIPATION IN SCHOOL AND COMMUNITY ACTIVITIES
List activities (both school and non-school) in which you have participated, along with years of membership or participation.

Organization or Activity	# of Years	Offices Held

BIOGRAPHICAL STATEMENT

Information about yourself that you feel is important. The biographical statement should be ledgible and contained within this space.

STATEMENT OF APPLICANT AND PARENT OR GUARDIAN

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

Date: _____ Signed: _____
Applicant

Date: _____ Signed: _____
(Parent or Guardian)

DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS AND REQUIRED SUBMISSIONS IS MAY 15, 2020

SPOON RIVER ELECTRIC COOPERATIVE
Your Touchstone Energy® Cooperative

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