

SPOON RIVER ELECTRIC COOPERATIVE SCHOLASTIC SCHOLARSHIP APPLICATION

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	le, multipy your G.P.A. by 25; if your school uses o	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 EXPERIENC List positions held, for what time period, and		
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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 12, 2023



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