# 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 |
|---|---|---|
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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 9, 2025**

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