

## 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	u feel is important. The	biographical stateme	nt should be ledgible and contained within this space.
STATEMENT OF APPLICANT A We have examined this application,	including accompanying		the best of our knolwdge and belief, it is true, correct,
Date:	_	Signed:	Applicant
Date:		Signed:	Аррисан

DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS AND REQUIRED SUBMISSIONS IS MAY 6, 2022

(Parent or Guardian)



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