

Renville-Sibley Cooperative Power Scholarship Program Application

(Available to High School Senior's only)

1. Name of student applying: _____
(last) *(first)*

2. Social Security No: _____

3. Permanent Address: _____

4. Student is a a) _____ Dependent of a Member
 b) _____ Dependent of a Renville-Sibley Employee

5. Member Account # _____ *(from power bill)*

6. Primary contact number: _____

7. Mother's Name: _____ Father's Name: _____

8. Name of high school: _____

9. Name and mailing address of accredited school you will attend in the fall of the year:

Student's Signature (required)

Date

Parent's Signature (required)

Date

Return this application along with required documents by Friday, February 16, 2018, to:

Renville-Sibley Cooperative Power Association
Attn: Scholarship Committee
PO Box 68 / 103 Oak St.
Danube, MN 56230

For more information, call us at (320) 826-2593 or toll-free 800-826-2593 (MN & SD).