

## *Renville-Sibley Cooperative Power Scholarship Program Application*

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. Home Phone Number: \_\_\_\_\_

7. Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

8. Name of high school and year you graduated or will graduate:  
\_\_\_\_\_

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

10. If attending college or trade school, at what level will you enter school this fall:  
\_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Graduate Student

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*Student's Signature (required)* *Date*

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*Parent's Signature (required)* *Date*

**Return this application along with required documents by Friday, February 26, 2010, 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).**