Application for

## JOHN SIEVERS MEMORIAL SCHOLARSHIP

South Lincoln Rural Water System is sponsoring a \$500.00 scholarship. The winner will be drawn at our April board meeting to be held on April 15, 2025. Applicant Information:

Last Name:	First Name:	
Street Address (or mailing address)		
City	State	Zip
Email Address	Telephone	
Date of Birth		
Family Information:		
Parents Names		
Academic Information:		Voor Craduated
Name of High School		
University/College/Technical Institute you will be attending	g	
At present I would like to major in		
<ul> <li>Requirements:</li> <li>You must be a family member of a South Lincoln F</li> <li>GPA must be a minimum of 2.0. Official transcript</li> <li>You must attend either a 2- or 4-year college or vo</li> <li>You must submit a photo with this application to l considered.</li> <li>Family members of the organization's staff or boa scholarship awarded by South Lincoln</li> </ul>	must accompar ocational institu be used for publ	ny this application. te. licity purposes for your application to be
If you are selected as the recipient of the scholarship, may NoYes Name of News		
Address		
CityState	Zip	
Signature		

All forms must be returned to the South Lincoln Rural Water office by April 1, 2025. Mailing Address: South Lincoln Rural Water System, Inc., 28647 472<sup>nd</sup> Ave., Beresford, SD 57004; or email <u>cindy@slrws.com</u> or <u>rhonda@slrws.com</u>