Renville-Sibley Cooperative Power Scholarship Program Application

(Available to High School Senior's only)

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

2. Permanent Address: _____

_____

_____

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

4. Member Account # _____ *(from electric bill)*

5. Primary contact number: _____

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

7. Name of high school: _____

8. 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 Thursday, February 13, 2025, to:

Renville-Sibley Cooperative Power Association
Attn: Scholarship Committee
PO Box 68 / 515 Hwy 212 W
Danube, MN 56230

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