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: Name of High School | | Year Graduated |
| University/College/Technical Institute you will be at | tending | |
| At present I would like to major in | | |
| Requirements: You must be a family member of a South L GPA must be a minimum of 2.0. Official tra You must attend either a 2- or 4-year colle You must submit a photo with this applicate considered. Family members of the organization's staff scholarship awarded by South Lincoln | nscript must accompar ge or vocational institu ion to be used for pub | ny this application. te. licity purposes for your application to be |
| If you are selected as the recipient of the scholarshi | • | |
| Address_ | | |
| City | | |
| Signature_ | _Date_ | |

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 472nd Ave., Beresford, SD 57004; or email cindy@slrws.com or rhonda@slrws.com