

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 21st, 2026.

## 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 attending \_\_\_\_\_

At present I would like to major in \_\_\_\_\_

## Requirements:

- You must be a family member of a South Lincoln Rural Water System member.
- GPA must be a minimum of 2.0. Official transcript must accompany this application.
- You must attend either a 2- or 4-year college or vocational institute.
- You must submit a photo with this application to be used for publicity purposes for your application to be considered.
- Family members of the organization's staff or board of directors are not eligible to apply for or receive any scholarship awarded by South Lincoln

If you are selected as the recipient of the scholarship, may we send a news release to your hometown newspaper?  
\_\_\_\_\_ No \_\_\_\_\_ Yes Name of Newspaper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All forms must be returned to the South Lincoln Rural Water office by April 17th, 2026 .  
Mailing Address: South Lincoln Rural Water System, Inc., 28647 472<sup>nd</sup> Ave., Beresford, SD 57004; or email  
[cindy@slrws.com](mailto:cindy@slrws.com) or [kelsey.voegeli@slrws.com](mailto:kelsey.voegeli@slrws.com)