



Blake Sime Memorial Scholarship Application

Name (First, Middle, Last): _____

Address: _____

City, State, Zip: _____

Program of Study: _____

Hometown: _____ Hometown Newspaper: _____

Are your parents (or grandparents) stockholders of Reville Farmers Elevator cooperative?

☐ Yes ☐ No

If Yes, please list their name(s): _____

Requirements:

To be eligible, graduating high school seniors must have a parent or grandparent that is a current stockholder of Reville Farmers Elevator. The successful applicant will also enroll in a full-time undergraduate course at an accredited two- or four-year college, university or technical school.

Scholarship will be awarded to a student pursuing courses of study in Agriculture OR Med/Fire/Rescue.

Applications can be mailed, e-mailed or dropped off at the co-op.

Applications **must** be received by March 29, 2024. The scholarship will be awarded by May 1, 2024.

Scholarship amount: \$3,500 payable on proof of completion of first semester.

The Reville Farmers Scholarship Committee decisions and selections are final.

Application Deadline: March 29, 2024

Return to: Reville Farmers Elevator

PO Box 98

Reville, SD 57259

605-623-4411

TomG@RevilleFarmers.com

List your activities, community service, honors and work experience within the past two years. You may attach additional pages if necessary.

ACTIVITIES (SCHOOL, CHURCH, HOBBIES, ETC.) & COMMUNITY SERVICE

Name of Activity-Club/Organization	Length of Participation

HONORS OR AWARDS

WORK EXPERIENCE/INTERNSHIPS

Name of Business	Dates Employed	Full Time	Part Time	Hours per Week

How will this scholarship help you as you pursue your future goals?

Release of Information:
I authorize Revillo Farmers Elevator to provide news releases to print and electronic media.

Signature_____ Date_____