

**City of Rock Falls**  
**Water/Electric/Water Reclamation Department**  
**2025 Scholarship**

***Program Purposes:***

To promote and recognize scholastic achievement; and,  
To demonstrate the advantages of municipally-owned and operated utilities.

***Eligibility and Guidelines:***

1. Seniors attending a two- or four-year college whose parents or legal guardians are residential consumers of the City of Rock Falls Water or Electric.
2. Students must complete the enclosed application and submit, along with a copy of their transcripts, an essay of 500 words or less, typewritten and double-spaced, with the following information included on the cover:

- Student's first and last name, home address, phone number and e-mail address.

3. Essays **MUST** address the following question/issue:

“Nitrates”

Customers of The City of Rock Falls Water Department and Rural Water are concerned with the nitrates in their drinking water.

- 1) What are the IEPA guidelines for nitrates in drinking water?
  - 2) Why is important to test for nitrates in water?
  - 3) Where are the nitrates most likely to have entered the watercourse?
  - 4) What removes nitrates from the water?
  - 5) How do nitrates affect the body?
4. The deadline for submitting written essays is April 18, 2025. Please send your essay, transcripts and completed application to the address listed on the bottom of the application.
  5. One (1) finalist will be chosen by the Rock Falls Ground Water Committee and Electric Department to receive a \$1500 award. The finalist will be announced (TBD)

**GOOD LUCK !**

**CITY OF ROCK FALLS  
WATER/ELECTRIC/WATER RECLAMATION DEPARTMENT  
2025 SCHOLARSHIP APPLICATION**

**Transcript must be submitted with the application!**

Your Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Village: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**High School Data**

School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ IL Zip: \_\_\_\_\_

Your class rank: \_\_\_\_\_ Number of students in class: \_\_\_\_\_

Your grade point average: \_\_\_\_\_

Educational Institution you will be attending: \_\_\_\_\_

2 Year College      4 Year College

Major Course of Study: \_\_\_\_\_

List below any extracurricular activities, academic awards, memberships or other special recognition you have received: (attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of high school transcripts and completed essay of 500 words or less and mail or hand deliver to:

City of Rock Falls  
Attn: City Clerk's Office / Scholarship  
603 West Tenth Street  
Rock Falls, IL 61071

**Due by April 18, 2025**