

## SHIRLEY BUSKIRK MEMORIAL SCHOLARSHIP 2024

Eligibility- The Shirley Buskirk Memorial Scholarship makes this scholarship available to graduating high school seniors who are enrolling as a full-time student in a post-secondary school.

Deadline: April 15, 2024

### Personal Information:

Last

Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Parent or Guardian Names: \_\_\_\_\_

### Permanent Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Date of Birth:

\_\_\_\_\_

### High School Information:

GPA on 4.0 Scale: \_\_\_\_\_

### College Information:

School Planning To Attend: \_\_\_\_\_

Program of Enrollment: \_\_\_\_\_

Price of Tuition (not including room and board): \_\_\_\_\_

Other scholarships or grants you have applied for a or received:

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**Application Essay, School and Community Involvement:**

Application Essay, School and Community Involvement-State why you are applying for this scholarship. Please include your educational goals and a brief background including your involvement in school and community activities. 100 words or less.

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Recipient of the **SHIRLEY BUSKIRK MEMORIAL SCHOLARSHIP**

Send my scholarship money to:

\_\_\_\_\_ college or university.

My Student ID# is \_\_\_\_\_

The address for my college/university's  
Financial Aid Office is :  
Office of Financial Aid

My home address is:

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

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

**Please send all scholarship monies directly to the college/university listed above. If you have questions, please contact me at the following phone number:**

\_\_\_\_\_

**MAIL TO FOR PAYMENT:  
LINDA REICKS  
3604 SARAZEN  
PLZ  
BELLEVUE, NE 68123**