

Dik Buelow Memorial Scholarship Application

Applicant

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Color Guard: _____ Years of Participation: _____
Guard Positions Marched: _____
Instructors: _____
Name of High School: _____ Graduation Year: _____

2020-2021 Post High School Education

Name of School: _____
Address: _____
City: _____ State: _____ Zip: _____
Field of Study: _____
Applied: Yes / No Accepted: Yes / No Enrolled: Yes / No

Name someone who has made a positive impact on your life and describe how?

Why do you believe you should receive this scholarship?
