

Please return this form no later than June 30. No money can be sent to the college until we receive this form.

**BUSKIRK MEMORIAL SCHOLARSHIP
Information Sheet**

Name: _____

SCHOOL INFORMATION

Student ID# _____

College Attending: _____

College Address*: _____
Street City State Zip

**This is the address where your scholarship check will be sent.*

STUDENT INFORMATION

Your mailing address at the college: _____
Street/PO Box City State Zip

Cell Phone Number () _____ Home Phone _____

Your E-Mail Address: _____

Please return this form to: Christina Dishaw
Secretary to the Superintendent
Concord Community Schools
PO Box 338
Concord, MI 49237

Please note that this is the information we will use to contact you. Any change in the information above must be sent in writing to Christina Dishaw.