



Sedgwick County Conservation District

11832 West Central, Suite 100

Wichita, KS 67212

DEADLINE: Applications must be RECEIVED at the Conservation District office by 4:00 p.m. on March 1st. The District office is located in the USDA Service Center at 11832 W Central, Suite 100, Wichita KS 67212. IF YOU SUBMIT AN INCOMPLETE APPLICATION, YOU WILL NOT BE ELIGIBLE FOR SCHOLARSHIP SELECTION!

Lynn Buerki Memorial Scholarship Application Form

1. Name: _____
 First Middle Last

2. Permanent Mailing Address: _____
 Street/PO Box # City State Zip

3. Telephone **and** E-mail Address: _____
 Phone E-mail

4. What institute of higher education will the applicant plan on attending in the fall?

5. This fall, the applicant will be a college: Freshman ___ Sophomore ___ Junior ___ Senior ___

6. Anticipated Major Course of Study _____

7. Please list high schools, junior colleges, and colleges you have attended. Include dates of attendance and graduation.

Schools	Dates
_____	_____
_____	_____
_____	_____
_____	_____

8. List participation in scholastic organizations, school and/or religious activities, or community service/volunteer experience (if additional room is needed, attach a page):

9. List recognitions, awards and honors received for civic or scholastic activities (if additional room is needed, attach a page):

10. List any work or practical experience you have in the agricultural or natural resources field (if additional room needed, attach a page):

11. Why is Lynn Buerki known as "Mr. Conservation" in Sedgwick County? _____

12. Submit, in one page or less, your career goals in agriculture or natural resources and how your goals relate to the objectives of the Sedgwick County Conservation District.

13. How did you hear about this scholarship? _____

14. Name of persons writing recommendations and their title.

1. Name _____ Title _____

2. Name _____ Title _____

Applicant certifies that the information provided in this application form is true.

Applicant agrees that if selected for a scholarship, applicant will attend the institution listed above and will pursue the major course of study listed in the application for the duration of the semester.

Applicant agrees to attempt to attend the following Annual Meeting in person or via Zoom to be recognized as a scholarship recipient.

It is understood that submission of this completed application gives permission to the Sedgwick County Conservation District to utilize your name and/or picture for promotional purposes to further the mission of the Sedgwick County Conservation District.

Dated this _____ day of _____, 202__.

Applicant Signature
