



## Kirstin Skari Memorial Scholarship

### Background

The fund was established by Dave and Arlyss Skari in loving memory of their daughter, Kirstin, who passed away on July 10, 1999, from viral meningitis and encephalitis. She had just completed her freshman year at the University of North Dakota.

Kirstin was born on September 25, 1979, in Bismarck, and moved to Jamestown at the age of three. In 1993, she moved with her family to Minot. During high school, she was a member of the National Honor Society, Key Club, and Spanish Club. She was named an All American Scholar by the U.S. Achievement Academy.

Kirstin earned two varsity letters as a member of the golf team, and participated on the Minot High School Girls Tennis Team. She played clarinet in the Minot High School Band, and took piano lessons for 12 years, earning three Gold Cups for superior ratings in piano festivals. She was active in the Christ Lutheran Church youth group, handbell choir, and the woodwind ensemble. She twice attended the International Music Camp. She travels to Europe with the Humanities Club, and also to Close-Up in Washington, D.C. She travels to 18 states, including Hawaii, with her parents on family vacations.

Although Kirstin's life was tragically short, her accomplishments were many, and she touched many lives with her beautiful blue eyes, gleaming smile, and her kindness.

### Eligibility Requirements

- Applicant must be a graduating senior from Minot Public Schools.
- Applicant must have a minimum GPA of 3.5.
- Preference will be given to students who exhibit leadership skills, and have participated in school activities.
- Applicants must submit a short essay describing why they are qualified to receive this award. The essay must accompany the application in order to be considered for the award.

### Return Complete Application by April 1 to

High School Counselor  
Magic City Campus High School  
1100 11th Ave SW  
Minot ND 58701

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Name of student: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Principal Name: \_\_\_\_\_ GPA: \_\_\_\_\_

**Post-secondary school planning to attend:** \_\_\_\_\_  
**Planned Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_

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**ACT Scores (American College Testing Program)**

Composite: \_\_\_\_\_ English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_

**SAT Scores**

Composite: \_\_\_\_\_ Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_

**Career goals after post-secondary education:**

**Activities & special interests (work experience, honors, and other activities):**  
(Attach extra pages if necessary)

**Other than financial need, why do you think you should receive this scholarship?**

**Statement of financial need:** Many scholarship awards are based on financial need. The committee choosing the recipient must rely on the information in this application in order to make a wise choice. Please include any pertinent information to help the committee make a decision, such as: amount of any financial aid you may receive from your family, government student loans, number of siblings in college, special financial situation which may affect your ability to pay for college, government grants you may be receiving and other scholarships you may have already been awarded.

<b>Family Support:</b> _____	<b>Number of Siblings Attending College:</b> _____
<b>Government Grant:</b> _____	<b>Government Grant:</b> _____
<b>Student Loan:</b> _____	<b>Other Loans:</b> _____
<b>Scholarship:</b> _____	<b>Scholarship:</b> _____
<b>Scholarship:</b> _____	<b>Scholarship:</b> _____
<b>Other Financial Information:</b> _____	
<b>Other Financial Information:</b> _____	

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This form must be completed, signed and returned in order to be considered for a scholarship  
**Applications not accompanied by a current transcript will not be considered.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*This scholarship is administered by the North Dakota Community Foundation. If you have any questions, please contact their main office in Bismarck at 701-222-8349.*