

## John Paul Chapter DAR Scholarship

**Amount:** \$250

**Criteria:**

Arrange application package in order

Complete Scholarship Application

Complete Financial Need Form

500-word or less statement are preferred

Include Transcript

List of Extracurricular Activities

Min. of 2, Max of 4 letters of recommendation

Photocopy of applicant's birth certificate or naturalization papers

Staple package in top left-hand corner

**\*\*See application for additional information and specific details**

**Deadline:**

Must be received by sponsor on or before April 26, 2021.

Mail to:

Attn: Ann Roller

DAR Scholarship Committee

720 W. 2nd St.

Madison, IN 47250

**\*\*If you would like the Guidance Office to mail on your behalf, turn in no later than April 21st.**

# JOHN PAUL CHAPTER DAR SCHOLARSHIP APPLICATION

Amount \$250.00

Name of Applicant	E-Mail Address
Permanent Address	Telephone #
School you plan to attend	Major area of study
High School Class rank/class size	Cumulative GPA/Scale
Test Scores	SAT
	ACT

If you are a winner, the DAR Scholarship Committee would like to send an article to the local newspaper. Completion of the above section is an agreement to allow the Scholarship Committee to use information from your application for publicity release.

**INSTRUCTIONS:** Your application package must be complete and arranged in the order listed below. All transcripts, letters of recommendation and other required documents must be sent to the Committee Chair postmarked by the deadline in a single mailing. Typewritten applications and statements are preferred. **DO NOT SUBMIT A PERSONAL PHOTOGRAPH.** Selection process for DAR scholarship is conducted without regard to age, race, religion, gender, national origin or disability.

1. Scholarship Application (this page)
2. Financial Need Form
3. Statement from applicant of 500 words or less describing what in your background demonstrates that you are committed to promoting the fundamental ideas for which our country stands.
4. Transcript of high school grades which must include class rank/class size and test scores.
5. List of extra-curricular activities, honors received, scholastic achievements or other significant accomplishments or activities including community contributions and jobs held. Use 1 side of 8 1/2 x 11 paper. Maximum of 2 (two) pages.
6. Dated, signed letters of recommendation from at least two, but not more than four persons in authority. May be from school personnel, community leaders, etc. Letters may cover applicant's abilities, work habits, integrity, character, need, and potential.
7. Photocopy of applicant's birth certificate or naturalization papers. Cover the photograph if copying naturalization Papers.
8. Application package should be stapled in the top left-hand corner. Number of pages in application package must not exceed 15.

Application package must be postmarked by  
Mail application package to:

Ann Roller  
DAR Scholarship Committee  
720 W. 2nd Street  
Madison IN 47250

\* Must be received  
by sponsor on or  
before April 26th



# National Society Daughters of the American Revolution

*Merry Ann T. Wright, President General*

**DAR SCHOLARSHIP COMMITTEE** — Sharon Cothorn Nettles *National Chairman*  
26 Wimbledon Drive, Jackson, MS 39211-2443 ★ E-mail: SCNET16@aol.com

## DAR SCHOLARSHIP FINANCIAL NEED FORM

*[Non-married students independent of parents substitute self in place of mother/father at top of form and in statement section below.]*  
*(Married students substitute spouse/self in place of mother/father and so indicate)*

**FATHER OR GUARDIAN:**

**MOTHER:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Other sources of income or financial aid: \_\_\_\_\_

Ages of dependent children (note those who may be attending college at the same time as applicant):

The parent/guardian shall prepare a statement summarizing the family's obligations and resources. The statement needs to illustrate the applicant's need for financial assistance. Statement follows:

I attest that all information in this application and all attachments are a true and accurate record:

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Applicant