



National Society Daughters of the American Revolution

Ann Turner Dillon, President General

DAR SCHOLARSHIP COMMITTEE — Laura McCrillis Kessler, National Chair

E-mail: scholarships@dar.org

DAR SCHOLARSHIP CHECKLIST AND APPLICATION

INSTRUCTIONS: Mail the completed application packet to the national vice chair of the specific scholarship for which you are applying. The application packet must be complete and arranged in the order listed below. **ALL** original transcripts, letters of recommendation and other required documents **must be sent to the national vice chair of the specific scholarship postmarked no later than February 10 in a single package. Photographs will result in disqualification and should not be included.** Scholarships are judged and awarded without regard to gender, race, color, religion, national origin or disability. The application package must be stapled or paper clipped in the top left hand corner not to exceed 15 pages. A separate application must be submitted for each scholarship. Incomplete applications will not be considered. **NOTE:** Application must be typed or computer generated.

CHECK LIST:

- Scholarship Application (must be typed or computer generated – see box below).
- Statement of 1,000 words or less setting forth his/her career objectives (typed).
- Original transcript of high school (must indicate class rank, size, and test scores) or college grades (as applicable). Major must be indicated on original transcript where specific major required. Home schooled students include transcripts for grade 9 through current year must be sent with application.
- All scholarships with a minimum grade point average (GPA) are based on a 4.0 scale or the equivalent GPA on the scale used by the applicable educational institution.
- Letters of recommendation (at least two but not to exceed four from high school or college now attending). Letter should cover applicant's ability, work habits, integrity, character, potential, and volunteer activities.
- List of extra-curricular activities, honors received, and scholastic achievements (one side of 8 1/2" x 11" paper).
- Photocopy of United States citizenship: birth certificate, naturalization papers, or information page of U.S. Passport. Cover your photograph if you are submitting a copy of naturalization or passport pages.
- Financial Need Form: **when called for by a specific scholarship (typed or computer generated).**
- Self-addressed, stamped postcard.

APPLICATION

NAME OF SCHOLARSHIP (Refer to Fact Sheet. Only one per application.)				
Name of student		E-mail	Phone	
Permanent address		City	State	Zip code
College/University (Refer to instructions above)			Major (if required)	
Include the complete address for the college/university department to receive and credit the funds awarded.				
Department	Street address	City	State	Zip code
Class rank/Class size Cumulative GPA/Scale			Test scores SAT/ACT (High school students only)	
If applying for the Lillian and Arthur Dunn or the Madeline Pickett Halbert Cogswell Nursing scholarship include the DAR Member information.				
DAR member name		Relationship to applicant		National number

ONLY WINNERS are notified of judge's decisions following approval by the Executive Committee. At this time, applicants notified of a pending scholarship award will be required to submit to the national chair their social security number and, if applying for a medical, nursing, or the occupational therapy scholarship, proof of acceptance in a medical school program, school of nursing or occupational therapy. Scholarship must be used within one year of date of award, or it is forfeited.

FOR OFFICIAL NSDAR USE ONLY: National vice chair _____
 Application complete _____ DNQ and reason _____



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DAR SCHOLARSHIP FINANCIAL NEED FORM

**(Must be included with the Mildred Nutting Scholarship,
Caroline E. Holt Scholarship and Occupational Therapy Scholarship)**

*[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