



Pennsylvania State Society Daughters of the American Revolution

PENNSYLVANIA DAR STUDENT SCHOLARSHIP 2012

Eligibility, Procedure and Terms

ELIGIBILITY

- 1. The applicant must be a resident of Pennsylvania.**
- 2. This scholarship is available to any senior, graduating from a secondary school that is registered, accredited, approved or licensed by the Pennsylvania Department of Education.**
- 3. No affiliation or relationship with the DAR is necessary to qualify for this scholarship.**
- 4. Eligibility is not limited to a specific field or area of study. The applicant must be accepted in an Associate or Bachelor Degree program at an accredited College or University.**
- 5. Only applications neatly printed or typed will be considered.**
- 6. The completed application must be received by the local sponsoring DAR Chapter before March 1st.**
- 7. Evaluation will be made by the State Scholarship Committee. The State Chairman will notify recipients by May 15th.**
- 8. The recipient shall agree to acknowledge award of the Scholarship in a letter to the State Chairman. The letter must be received no later than July 1st.**

APPLICATION PROCEDURE/CHECKLIST _____

Name of Applicant

To be considered for this scholarship, the following must be received by the local sponsoring DAR Chapter before March 1st:

- ___ Completed Pennsylvania DAR Student Scholarship Application Form
- ___ Completed Financial Need Form
- ___ School Recommendation Form (completed by the Principal or School Counselor)
- ___ Personal Statement outlining reasons for pursuing a post-secondary education (max 350 words)
- ___ Official High School Transcript (School Profile is not required)
- ___ Results of SAT and/or ACT (if *not* reported on Official Transcript)
- ___ Information regarding extra-curricular activities (attach Student Resume if available)
- ___ Two (2) personal letters of reference (non relatives, in addition to School Recommendation Form)
- ___ Signature of Regent or Chapter Scholarship Chairman

TERMS OF THE SCHOLARSHIP

Payment of the scholarship shall be placed on deposit with the college or university. The applicant shall pledge to abide by the rules of the institution which he/she attends.

The student must maintain full-time student status. If the recipient for any reason does not complete the full year of scholarship, any remaining monies from the scholarship shall be donated to that institution.

Applications will *not* be returned and only scholarship recipients will be notified by May 15th.

Sponsoring DAR Chapter _____

Name of Regent or Chapter Chairman _____

Address _____

Phone & Email _____

PENNSYLVANIA DAR STUDENT SCHOLARSHIP APPLICATION

1. **Name** _____
Phone & Email Address _____
Permanent Address _____

2. **Name of Parents/Guardian** _____

3. **Name and Address of College or University you will attend** _____

4. **Proposed Field of Study or Major** _____

5. **Scholastic Honors and Awards** _____

I hereby affirm that the above is correct and I promise to use the scholarship funds for no other purpose than specified.

Signature of Applicant _____ **Date** _____

Sponsoring DAR Chapter _____

Name of Regent _____

Address _____

Phone & Email _____

Signature of Regent (or Chapter Chairman) _____

FINANCIAL NEED FORM

Father/Guardian

Mother/Guardian

- 1. Name _____
- 2. Employer _____
- 3. Income
 - a. Taxable income as reported on prior year's tax return _____
 - b. Non-taxable income _____
- 4. Assets
 - a. Savings _____
 - b. Home Equity _____
 - c. Other Real Estate or Investments _____
 - d. Farm or Business _____
- 5. What will you be able to contribute towards your education? _____
- 6. Estimated Education Costs:
 - a. Tuition & Fees _____
 - b. Room & Board _____
 - c. Books & Supplies _____
 - d. Other Costs (list) _____

7. Household Information
Number of Dependents _____ How many will be in college during the year of the scholarship grant? _____

Please add any additional information concerning the financial assets and obligations which would explain your need for financial assistance: _____

Signature _____ Date _____
Father / Guardian

Signature _____ Date _____
Mother / Guardian

Signature _____ Date _____
Applicant

SCHOOL RECOMMENDATION FORM

1. Name of Applicant _____

2. Name and Address of School _____

3. Your Name and Title _____

4. How long have you known the applicant and in what context?

5. Your assessment of the applicant's personal characteristics.

6. Your assessment of the applicant's motivation towards higher education.

**7. Comments or other pertinent information which you feel would enhance the selection of this applicant.
We welcome information that will help us differentiate this applicant from others.**

Signature _____ **Date** _____