

**DAMARIS SMITH DESIMONE SCHOLARSHIP
NYS Level DAR Scholarship**

OBJECT

The object of the Demaris Smith Desimone Scholarship is to financially assist deserving young people in acquiring a higher education in **UNITED STATES HISTORY** with a view to becoming better prepared for life and citizenship.

AMOUNT OF SCHOLARSHIP

The amount of this one-year scholarship may vary. **It is expected to be \$1000.00 BUT is dependent upon the interest generated by the fund each year.**

CRITERIA AND RULES

1. All high school seniors planning to major in **United States History** are eligible.
2. The school Scholarship Committee is to select ONE application and submit it to either the Regent or Scholarship Chairman of the sponsoring DAR Chapter.
3. The applicant is to be judged on the basis of merit and achievement during their academic high school years, with regard to community service, personal and academic interests.
4. The applicant must reside in New York State.
5. The applicant must attend an accredited four year college or university in the United States.

APPLICATION PROCEDURE

The chosen applicant must submit ONE copy of the following documents, to the sponsoring DAR Chapter Scholarship Chairman, in the following order:

1. Completed application form.
2. An official high school transcript.
3. A letter of recommendation from the Principal, Guidance Counselor, or an Academic Department Head, including a description of the applicant's character, general ability, school citizenship, and interests.
4. A goal statement from the student stating personal educational plans and ultimate objectives.
5. Completed financial need form.

Deadlines: Student application to Chapter Chairman by January 15th
Application and cover letter from Chapter to State Chairman by February 15th

SPONSORING DAR SCHOLARSHIP CHAIRMAN

Name:

Address:

City, State, Zip:

Phone:

E-mail:

**DAMARIS SMITH DESIMONE SCHOLARSHIP
APPLICATION**

Name _____ Social Security Number _____

Address _____

Telephone Number _____ Email _____

Birth Date _____ Birthplace _____

Number of Siblings _____ Ages _____

Name of High School _____

Address of High School _____

Name of Principal or Counselor _____

Number in Graduating Class _____ Rank in class _____ GPA _____

SAT Score: Verbal _____ Math _____ ACT score (composite) _____

College or University in New York applicant plans to attend _____

Tentative major _____

On a separate sheet of paper please describe high school and community activities (sports, musical groups, church, scouts, and volunteer work) Also list any awards and honors.

Sponsoring Chapter _____ District _____

Chapter Chairman:

Name: _____

Address: _____

Phone: _____

**NEW YORK STATE ORGANIZATION
NATIONAL SOCIETY
DAUGHTERS OF THE AMERICAN REVOLUTION**

SCHOLARSHIP FINANCIAL NEED FORM

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Position _____

Position _____

Annual Income \$ _____

Annual Income \$ _____

Other sources of income or aid: _____

Ages of dependent children (note those who may be attending college at the same time as the 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/Guardian

Signature of Mother/Guardian

Signature of Applicant