

**HELEN AND ARNOLD BARBEN SCHOLARSHIP FUND  
NYS Level DAR Scholarship**

**OBJECT**

The object of the Helen and Arnold Barben Scholarship is to financially assist deserving young **WOMEN** in acquiring a higher education with a view to their becoming better prepared for life and citizenship

**AMOUNT OF SCHOLARSHIP**

The expected amount of the award is \$2000.00 (\$500.00 each year for four years). **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

**CRITERIA AND RULES**

1. All females who have successfully completed their high school studies are eligible.
2. The applicant **MUST** be a resident of New York State and have been born in the United States.
3. The applicant **MUST** attend an accredited four year college or university.
4. In the event that the scholarship recipient should successfully acquire a college degree in less than four years and is continuing graduate studies, they may request the remainder of their award from the State Scholarship Chairman.
5. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15<sup>th</sup>**.
6. The sponsoring chapter's Scholarship Committee will sponsor a student based on the applicant's merit and achievement in high school and her community, and with regard to her personal and academic interests
7. The recipient **MUST** maintain a B average through her college years.

**APPLICATION PROCEDURE**

**Each 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.  
The contents should cover the applicant's character, general ability, school citizenship and interests accompanied by a recommendation that the student receive the scholarship.
4. A listing from the high school of honors and awards the student has received in the last four years.
5. A goal statement from the student including educational plans and ultimate career objectives.
6. A copy of the student's birth certificate.
7. Completed financial need form
8. **DO NOT SEND A PHOTO** with the application.

**Deadlines: Student application to Chapter Scholarship 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

**HELEN AND ARNOLD BARBEN 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, 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