



**DAMARIS SMITH DESIMONE SCHOLARSHIP  
NEW YORK STATE ORGANIZATION, NSDAR**

**OBJECT**

The object of the Damaris 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.

**SCHOLARSHIP AMOUNT**

The expected amount of the scholarship is a one-time award of \$1,000. **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

**CRITERIA**

1. All high school seniors planning to major in **United States History** are eligible.
2. The applicant **MUST** be a resident of New York State.
3. The applicant **MUST** attend an accredited four year college or university in the United States.
4. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15<sup>th</sup>**.
5. The sponsoring chapter may sponsor only **ONE** student.

**APPLICATION REQUIREMENTS**

**Each application must include the following**

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, or Academic Department Head.
- A goal statement from the applicant including educational plans and ultimate career objectives.

**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 CHAPTER CHAIRMAN CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_



**DAMARIS SMITH DESIMONE SCHOLARSHIP  
APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Name of Principal or Counselor:** \_\_\_\_\_

**Number in Graduating Class** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **GPA** \_\_\_\_\_

**SAT Score: Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **ACT score (composite)** \_\_\_\_\_

**College or University in New York applicant plans to attend:** \_\_\_\_\_

**Tentative major:** \_\_\_\_\_

**On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.**

**Sponsoring Chapter:** \_\_\_\_\_

**Chapter Chairman:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_