

**NEW YORK STATE DAR SCHOLARSHIP
NYS Level DAR Scholarship**

OBJECT

The object of the New York State Scholarship is to financially assist deserving high school seniors (male or female) in acquiring a higher education in a college or university in **NEW YORK STATE**.

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 available funds , since only the interest from the fund may be used.**

CRITERIA AND RULES

1. A student in the upper fourth of the graduating class, is to be selected by a committee consisting of the Principal, Guidance Director and Head of the English Department. If there is more than one high school in the area, each school may name only **ONE** student and the local DAR Chapter Scholarship Chairman will then select **ONE** student from all the applicants from the schools in her area. The Chapter Chairman submits only **ONE** entry per scholarship. She is responsible for sending **ONE** copy of all documents listed below along with a cover letter to the State Chairman by **FEBRUARY 15th**.
2. Applicants must plan to attend a four-year college or university **IN NEW YORK STATE**.
3. The recipient of the scholarship must maintain at least a B average
4. In the event that the scholarship recipient does not complete his/her program or successfully acquires his/her degree in less than four years, the scholarship shall be terminated and the runner-up candidate for that year will be eligible to receive the balance of the scholarship.
5. The applicant must be a resident of New York State and a United States citizen.

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 school Principal, Guidance Counselor, or head of an academic department. The letter should include information about the applicant's character, academic ability, extra curricular and community activities and a statement confirming that the applicant is in the upper fourth of the class.
4. A goal statement letter from the applicant stating his/her educational goals and career plans.
5. Proof of birth (e.g. photocopy of birth certificate).
6. 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:

NEW YORK STATE DAR 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