



## NEW YORK STATE DAR SCHOLARSHIP NEW YORK STATE ORGANIZATION, NSDAR

### OBJECT

The object of the New York State DAR 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**.

### SCHOLARSHIP AMOUNT

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

1. A student in the upper fourth of the graduating class is to be selected by a committee consisting of the Principal, Guidance Counselor and English Department Head. 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.
2. The applicant **MUST be a resident of New York State and a United States Citizen.**
3. The applicant **MUST** plan to attend an accredited four year college or university **IN NEW YORK STATE.**
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.

### 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.
- A copy of the applicant's birth certificate or proof of naturalization.

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



**NEW YORK STATE DAR 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:** \_\_\_\_\_