



**PEGGY JO POWER GIFFORD SCHOLARSHIP
NEW YORK STATE ORGANIZATION, NSDAR**

OBJECT

The object of the Peggy Jo Power Gifford Scholarship is to financially assist deserving young people in acquiring a higher education in United States History or Philanthropy with a view to becoming better prepared for life and citizenship.

SCHOLARSHIP AMOUNT

The amount of the scholarship is a one-time award of \$500.00.

CRITERIA

1. Any individual interested in majoring in **United States History, Philanthropic Studies or Non-Profit Management** is eligible.
2. An application should be submitted 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 with regard to community service, personal and academic interests.
4. The applicant must reside in New York State.
5. The applicant must be attending or applying to attend an accredited two or four year college or university in the United States.
6. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15th**.
7. 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, a teacher or community member including a description of the applicant's character, general ability, leadership and interests.
- A goal statement from the applicant stating 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:** _____



**PEGGY JO POWER GIFFORD 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: _____