



# Arkansas State Society Daughters of the American Revolution



Arkansas DAR Scholarship Committee---Kimberly Walker- Chairman  
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## Cover Sheet for Arkansas DAR Scholarships Application

SCHOLARSHIPS INCLUDE THE STEVENSON- WESTBROOKE SCHOLARSHIP (\$1000), THE FRANCES LOYD-JANE CHESSHIR SCHOLARSHIP (\$500), 2 ARKANSAS DAR SCHOLARSHIPS (\$1000 each), and THE LETA MCDUGALD BOYD NURSING SCHOLARSHIP (\$500).

(Complete one set of forms to be considered for all Arkansas DAR scholarships.)

NAME OF APPLICANT \_\_\_\_\_

Name of High School \_\_\_\_\_

\*SPONSORED BY: Chapter \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Chapter Regent / telephone / e-mail

\_\_\_\_\_ Chapter Scholarship Chairman / telephone / e-mail

**Instructions:** Arrange the application package in the order described below. Typewritten application and statements are preferred. Do NOT submit a personal photograph as awards are given without regard to gender, race, color, religion, national origin or disability.

1. Scholarship Cover Sheet (this page).
2. Scholarship Application.
3. Financial Need Form, including personal statement by guardian. Attach the front page of parents' income tax form providing their AGI (adjusted gross income).
4. Applicant's prepared typed statement setting forth his/her career objectives, specifying how college major or college plans relate to future professional goals, and stating reasons for these choices (2 pages maximum).
5. Official transcript of high school grades: indicate class rank/class size, cumulative GPA on a 4.0 scale, and ACT or SAT scores. Home schooled students include grade transcripts beginning with grades 9.
6. List extra-curricular activities, honors received, scholastic achievements, employment and / or jobs held, volunteer and / or community service activities, and other significant accomplishments (2 pages maximum).
7. Two dated, signed letters of recommendation: (1) one from the school principal or counselor and (2) one from an employer or character reference (not from relatives). The letters may cover the applicant's ability, work habits, integrity, and potential.
8. Photocopy of United States Citizenship: birth certificate, naturalization papers, or information page of U.S. Passport. Note: Temporarily cover the photograph if photocopying naturalization or passport pages.
9. Application package should be stapled or paper-clipped in the top, left hand corner.
10. Return the complete application packet to the sponsoring Arkansas DAR Chapter representative for the **LETTER of RECOMMENDATION** to be attached before sending to the State Chairman.

\*Sponsoring DAR Chapter must receive application from student by \_\_\_\_\_.

\*\*Deadline for chapter to submit application(s) to the State Chairman is **January 15**.

**Arkansas State Society DAR Scholarship Application**

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

**Name of High School** \_\_\_\_\_

School contact/counselor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

**Class Rank/Class Size** \_\_\_\_\_ **Cumulative GPA (4.0 Scale):** \_\_\_\_\_  
(Must be in upper third of class) (minimum 3.0)

**Test Scores:** SAT (min. 1100) \_\_\_\_\_ ACT (min. 22) \_\_\_\_\_

**College or University you plan to attend:**

\_\_\_\_\_

College/Univ. Address: \_\_\_\_\_

Selected Major: \_\_\_\_\_

**For consideration of the state's nursing scholarship, indicate your specific goals in nursing:**

\_\_\_\_\_

\_\_\_\_\_

**Arkansas State Society DAR Scholarship Application**

**Financial Need Form**

**LEGAL GUARDIAN:**

**ADDITIONAL GUARDIAN(or N/A):**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Other sources of income or financial aid (including child support): \_\_\_\_\_

\_\_\_\_\_

Names and ages of dependant children (note those who may be attending college at the same time as applicant):

\_\_\_\_\_

\_\_\_\_\_

REQUIRED by legal guardian: statement summarizing your family's obligations and resources. Illustrate the applicant's need for financial assistance. *(Use the following space and back if necessary)*

I attest that all information in this application and all attachments are a true and accurate record:

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Additional Guardian

\_\_\_\_\_  
Signature of Applicant