



Missouri State Society Daughters of the American Revolution

Terri Hardy, Scholarship Chair
 5339 Booth Avenue, Kansas City MO 64129
 (816) 863-4464 basketterri@yahoo.com

INSTRUCTIONS: The application packet must be complete and arranged in the order listed below. ALL original transcripts, letters of recommendation and other required documents **MUST BE SENT TO THE STATE CHAIR POSTMARKED NO LATER THAN JANUARY 1, 2019, IN A SINGLE PACKAGE. PHOTOGRPHS WILL RESULT IN DISQUALIFICATION AND SHOULD NOT BE INCLUDED.** Scholarships are judged and awarded without regard to gender, race, color, religion, national origin or disability EXCEPT Irene and Leeta Wagy, which is for females only.

To acknowledge the receipt of your application include a self-addressed stamped postcard with your application. **ONLY WINNERS** are notified of the judge's decision. At this time, applicants notified of the pending scholarship award will be required to submit their SS#. Scholarship must be used within one year or forfeited.

CHECK LIST:

- Scholarship application (typed or computer generated – see below)
- Statement of 600 words or less setting forth his/her career objectives (typed).
- Original transcript of high school grades.
- Must indicate class rank, size, GPA and test scores. Home schooled students include transcript for grade 9 through current year.
- Four letters of recommendation from school now attending. One from a principal or guidance counselor, two teachers and one outside source. Letter should cover applicant's ability, work habits, integrity, character, potential and volunteer activities.
- List of extra-curricular activities, honors received, and scholarship achievements (one side of 8 1/2" by 11" paper)
- Photocopy of United States citizenship: birth certificate, naturalization papers, or information page from U.S. Passport. Cover your photograph if you are submitting a copy of naturalization or passport pages.
- Financial Need Form: when called for by a specific scholarship (typed or computer generated).
- Application package must be stapled or paper clipped in the top left hand corner not to exceed 15 pages.
- A separate application must be submitted for each scholarship.
- Incomplete applications will not be considered.

Application

NAME OF SCHOLARSHIP (Refer to Fact Sheet. Only one per application except for nursing and medical.)

Name of Student	E-mail	Phone
-----------------	--------	-------

Permanent Address	City/State	Zip code
-------------------	------------	----------

Class Rank/Class size	Cumulative GPA/Scale	Test scores SAT/ACT
-----------------------	----------------------	---------------------

Include complete address for the college/university department to receive and credit any funds awarded.

Name of college/university _

Department	Street Address	City/State	Zip code
------------	----------------	------------	----------

Name of sponsoring DAR Chapter (if applicable)	Chapter Contact
--	-----------------