Florida State Society DAR Scholarship Application Check List

and Re-Awards Application Check List

SCHOLARSHIP APPLICATION

*Annelle Blanchett, Chairman*

*5034 Flagstone Ct, Tallahassee, FL 32303-6839*

*Phone: (850) 567-2099 • Email: anne1le0570@comcast.net*

## ELIGIBILITY

Applicants must be citizens of the United States and Florida residents. All pertinent papers must be included with the completed application. Do not staple! Use this checklist to ensure that you have included all necessary papers, signatures, and copies.

## APPLICATION CHECK LIST

*Please include four (4) copies (one original and 3 photocopies) of each of the following:*

1. Application and Financial Need Form. All dollar ($) questions must be answered. Form must be signed by parents or guardian, plus an officer or scholarship chairman of the sponsoring DAR chapter. (If necessary, the State Scholarship Chairman can assist in finding a local chapter.)
2. Letter from applicant to the Scholarship Committee setting forth the applicant's career objectives.
3. List of extra-curricular activities, honors received, scholastic achievements, and other significant accomplishments. (No more than two (2) pages.)
4. Two (2) letters of recommendation; one may come from a teacher, minister, or employer. None from a relative. Letters should be no more than one (I) page each.

*Please include one (1) copy of the following:*

1. A copy of the applicant's birth certificate or naturalization papers.
2. An official school transcript indicating current GPA.

*Additional requirements:*

* Graduate students must send proof of acceptance into graduate school.
* Students must advise this State Chairman of changes in status (e.g., change in school or address).

DEADLINE: Should be delivered or mailed to the Chapter Regent or Chapter Scholarship Chairman no later than \_\_\_\_\_\_\_\_\_\_. This will ensure there is enough time for them to write a cover letter of endorsement and mail the

entire packet to the State Scholarship Committee, postmarked on or before \_\_\_\_\_\_\_\_\_\_\_. Winners will be notified by \_\_\_\_\_\_\_\_\_\_\_.

## RE-AWARDS APPLICATION CHECK LIST

To be considered for a Florida State Scholarship Re-Award, students must have a GPA of 3.6 or higher.

*The following should be mailed to the State Scholarship Chairman:*

1. A letter from the student requesting a Re-Award and the name of the sponsoring DAR chapter.
2. One (1) letter of recommendation from a teacher, counselor, or employer.
3. One (1) copy of an official school transcript of current grades.
4. An update of activities and achievements.
5. Current mailing address, phone number, email address, and social security number.
6. The mailing address for the university or college.

DEADLINE: Must be postmarked by no later than \_\_\_\_\_\_\_\_\_\_. Winners will be notified by \_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| **Chapter Officer’s Signature:** | **Date:** |

[ ]  I (the chapter officer) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| APPLICANT’S NAME |  |
| ADDRESS |  |
| CITY/STATE/ZIP+4 |  |
| SOCIAL SECURITY |  |
| PHONE |  |
| EMAIL |  |

Who is the person responsible for the applicant’s support?

|  |
| --- |
| **Signature:** |

[ ]  I (the person responsible for the applicant’s support) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

## FAMILY INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| FATHER’S OCCUPATION |  |
| FATHER’S ANNUAL INCOME |  |
| MOTHER’S OCCUPATION |  |
| MOTHER’S ANNUAL INCOME |  |
| APPLICANT’S OCCUPATION |  |
| APPLICANT’S ANNUAL INCOME |  |
| SPOUSE’S OCCUPATION |  |
| SPOUSE’S ANNUAL INCOME |  |
| TOTAL FAMILY INCOME |  |

What is the Applicant’s Annual Contribution towards education?

$

List other income the applicant has, i.e. loans, scholarships

$

How many children are in your family, and what are their ages?

How many of those children are in college (excluding the applicant)?

What is your planned course of study?

What is your graduation year?

What is your estimated cost of tuition?

What is your estimated cost of room and/or board?

What is your estimated cost of transportation?

What is your estimated cost of books and supplies?

What is your total estimated college costs?

## SPONSORSHIP AND SIGNATURE

What is your Sponsoring DAR Chapter (required)?

Chapter Officer’s Signature:

|  |
| --- |
| **Signature:** |

[ ]  I (the Chapter Officer) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.