

## INDIANA DAR SCHOLARSHIP FACT SHEET

State Chairman: Alisha Aman, 1244 Longmeadow Way, Evansville, IN 47725

Cell (812) 604-7980 Email: alisha.aman50@gmail.com

### IMPORTANT – CHAPTERS AND SCHOOLS SHOULD DESTROY ALL PREVIOUS FORMS

*The amount of the scholarship may vary each year, based on funds available.*

*Only applications correctly completed and submitted in one package will be considered.*

*None will be returned. All applications and records submitted will be shredded when process is complete.*

The Indiana Daughters of the American Revolution will award, **at minimum**, a \$500 scholarship which is placed on deposit with the school. Any unused portion shall be returned to the Indiana Daughters of the American Revolution. In case the recipient has received additional scholarships and the school restricts the number of scholarship deposits, the scholarship money will be awarded directly to the recipient.

All applicants must be citizens of the United States and must attend, or plan to attend, an institution of higher learning within the state of Indiana. Acceptable institutions may include colleges, universities, technical schools and/or schools offering certificate/license programs. *(Questions concerning acceptable institutions should be directed to the State Chairman.)*

Applicants must obtain a letter of sponsorship from their local DAR Chapter. *(Contact the State Chairman if assistance is needed to locate a sponsoring chapter)*

The selection process for this scholarship is conducted without regard to age, race, religion, sex or national origin. Personal photographs must not be submitted. The judging panel will consist of three non-DAR members. The judges will attest that all applicants are unknown to them. Only the winner will be notified.

Selection of the recipient will be based on academic excellence, extra-curricular participation, community involvement, commitment to field of study and financial need. No affiliation with DAR is required.

All applications must be sent to the DAR State Scholarship Chairman postmarked **BEFORE MARCH 1st**.

### TO OBTAIN THE REQUIRED DAR CHAPTER LETTER SPONSORING THE APPLICATION, PLEASE CONTACT:

NAME \_\_\_\_\_

DAR CHAPTER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, INDIANA

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_



## INDIANA DAR SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Telephone: \_\_\_\_\_ School you plan to attend: \_\_\_\_\_

City Located: \_\_\_\_\_ Major Area of Study: \_\_\_\_\_

High School Class Rank/ Class size: \_\_\_\_\_ Cumulative GPA/Scale: \_\_\_\_\_

SAT Test Score: \_\_\_\_\_ OR ACT Test Score: \_\_\_\_\_ OR Home School Transcript Attached \_\_\_\_\_

If you are a winner, the Scholarship Committee would like to send an article to your local newspaper.

PAPER NAME: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Completion of this section is an agreement to allow the Indiana DAR Scholarship Committee to use information from your application for publicity releases. Your qualification for any award is not determined by completion of this section.

**INSTRUCTIONS: The application must be complete in ONE package, arranged in the order listed below. DO NOT SUBMIT A PERSONAL PHOTOGRAPH. DEADLINE: POSTMARKED BEFORE MARCH 1<sup>st</sup>.**

1. Letter from sponsoring Indiana DAR Chapter.
2. Scholarship Application (This page).
3. Photocopy of applicant's birth certificate or naturalization papers.
4. Financial Need Form
5. Statement from applicant of 500 words or less setting forth career objectives and professional goals.
6. Transcript of high school or college grades. High school transcripts must indicate class rank/class size and test scores or be accompanied by a letter from school counselor with same information. (Homeschool transcripts need not include class rank/size.)
7. List of extra-curricular activities, honors received, scholastic achievements, other significant accomplishments, community contributions, and jobs held. Use one side of 8 ½ x 11 inch paper. Maximum two pages.
8. Dated, signed letters of recommendation from at least two but not more than four persons in authority. May be from school personnel, community leaders, etc. Letters may cover applicant's abilities, work habits, integrity, need and potential.
9. Application package should be stapled in the top left-hand corner OR paper clip in correct order if transcripts or letters are in sealed envelopes. Number of pages must not exceed 15.
10. Application package must be postmarked before March 1<sup>st</sup>.
11. Mail or email to State Chairman: Alisha Aman, 1244 Longmeadow Way, Evansville, IN 47725  
Cell (812) 604-7980 Email: alisha.aman50@gmail.com

# INDIANA DAR SCHOLARSHIP FINANCIAL NEED FORM

*Non-married students independent of parents substitute self in place of  
Mother/father at top of form and in statement below  
Married students substitute spouse/self in place of mother/father and so indicate.*

**FATHER OR GUARDIAN:**

**MOTHER OR GUARDIAN:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Other Sources of income or financial aid: \_\_\_\_\_

\_\_\_\_\_

**First name and age of dependent children other than applicant: Circle ages of those who will attend college or other higher education programs at the same time as applicant.**

\_\_\_\_\_

***Parent/guardian is to write a statement below summarizing the family's obligations and resources. This statement needs to illustrate the applicant's need for financial assistance. Statement follows:***

**I attest that all information in this application and all attachments are true and accurate.**

\_\_\_\_\_  
*Signature of Father or Guardian*

\_\_\_\_\_  
*Signature of Mother*

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