



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 1st.

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 1st.
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