KSDAR Scholarship Instructions

Typed or computer-generated applications and statements are preferred.

- 1. Scholarship application.
- 2. Official transcript with high school grades. Transcript must indicate class rank, class size, and test scores.
- 3. Letter from high school principal or counselor, dated and signed, covering the applicant's ability, work habits, integrity and potential.
- 4. Two letters of reference from adults well acquainted with, but not related to, the applicant.
- 5. A letter from the applicant with educational background, extra-curricular activities, interests, hobbies, family, community service, and future goals (one sided, maximum of two pages).
- 6. Applicants must provide DAR number, Name and relationship of the DAR member, Patriot Name, Chapter and contact information for their relative that is a DAR member.
- 7. Applicant must obtain a letter from the sponsoring DAR Chapter.
- 8. **DO NOT** include any photographs of the applicant.

NOTES:

- This scholarship will be awarded annually to a senior high school student who has DAR eligibility
 or is a member of DAR., and who is sponsored by a DAR Chapter. The scholarship is amount is
 \$2000.
- Applicant must have a sound academic background.
- The winning applicant must attend an accredited college or university in the fall after receiving this award.
- Winning applicant will be required to submit a photograph to be used in the DAR News and Annual Report & Proceedings and will be encouraged to attend the award ceremony.
- No applications will be returned.
- Applications must be RECEIVED via email by the KSDAR State Scholarship Committee Chair, Sherry D. Koster, February 1, 2025.

KSDAR State Scholarship Chair Sherry D Koster KSDARscholarshipchair@gmail.com 785-476-5614

KSDAR SCHOLARSHIP APPLICATION FORM

Name in full:		Telephone		
Last	First	Middle		
Date of birth:		Email Address		
Permanent Address:				
Street	:	City	State	Zip
Name of Parent(s) or Guardian	(s)			
Name and Address of High Scho	ool			
Graduation Date: Clas		Class Rank:	Class Size: _	
Name of College You Plan to At	tend:			-
Address of College:				
Date of Enrollment:		Field Major:		<u>-</u>
Name of Sponsoring DAR Chap	ter and Regent:			
Address, Phone of Chapter Reg	ent:			
	Sch	ool Activities and Hon	ors	
STATEMENT OF ADDITIONAL	anya camplatad the	annlication in full and	have provided all of	the required
STATEMENT OF APPLICANT : It is documentation. I pledge that to assistance to further my educa	he application is ac			·
Signed:		Da	te:	

Entire application packet must be **RECEIVED** by February 1, 2025.

Email to: Sherry D. Koster KSDARscholarshipchair@gmail.com 785-476-5614