

## Judd Smith Brooks Scholarship Instructions

**Typed or computer-generated applications and statements are preferred.**

1. Scholarship application.
2. Official transcript with high school grades. The 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 the DAR number, Name and relationship of the DAR member, Patriot Name, Chapter, and contact information for their relative who 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 male senior high school student who is a descendant of a proven DAR line who is sponsored by a DAR Chapter.
- The scholarship will be in the amount of \$1000, as recommended by the Finance Committee.
- Applicants must have a sound academic background.
- The winning applicant must attend an accredited college or university in the fall after receiving this award.
- The winning applicant will be required to submit a photograph to be used in the DAR News and Annual Report & Proceedings and is 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 Koster, no later than **February 1, 2024**.

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

**JUDD SMITH BROOKS 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 School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

Name of College You Plan to Attend: \_\_\_\_\_

Address of College: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Field Major: \_\_\_\_\_

Name of Sponsoring DAR Chapter and Regent: \_\_\_\_\_

Address, Phone of Chapter Regent: \_\_\_\_\_

**School Activities and Honors**

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**STATEMENT OF APPLICANT:** I have completed the application in full and have provided all of the required documentation. I pledge that the application is accurate and all information truthful, and that I am applying for financial assistance to further my education.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Entire application packet must be **RECEIVED** by **February 1, 2024**.  
Email to: Sherry D Koster KSDARscholarshipchair@gmail.com 785-476-5614