

Scholarship Application Instructions for the Elizabeth M. Hill Kessler Scholarship

Elizabeth M. Hill Kessler Scholarship

Shall provide a college scholarship for a girl graduating from high school. The amount of \$930, plus interest, as determined by the Finance Committee, will be the amount of the scholarship. The recipient of this scholarship shall have acceptable scholastic ability, show financial need, be a citizen of the United State of America, and be eligible for membership in the DAR. This award will be given each year of the Kline KSDAR administration. The Kansas DAR Scholarship Committee shall select the recipient.

Typed or computer-generated applications and statements are preferred.

Requirements for the Elizabeth M. Hill Kessler Scholarship

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. DO NOT include any photographs of the applicant.

NOTE: Applies to the Kessler Scholarship

- 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, 2024.

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

ELIZABETH M. HILL KESSLER 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: _____

NSDAR National Number of Applicant, or Name and NSDAR National Number of family member:

School Activities and Honors

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