

# Scholarship Application Instructions for the Gladys E. Routh Memorial Scholarship

## The Gladys E. Routh Memorial Scholarship

Shall be awarded to a deserving boy or girl, preferably one who is at least  $\frac{1}{4}$  Pottawatomie Indian. The amount of the scholarship will be \$1225, plus interest. If a deserving individual of Pottawatomie heritage is not available, another Indian heritage may be substituted. The KSDAR Scholarship Chair, the KSDAR American Indians Committee Chair and a member of the Eunice Sterling Chapter shall select the recipient.

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

## Requirements for the Gladys E. Routh Memorial 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. One of those letters needs to show applicant's tribal membership.
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 Gladys E. Routh Memorial 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**

**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 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