# 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 ¼ Pottawatomie Indian. The amount of the scholarship will be \$1356.71, 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, 2025.

KSDAR State Scholarship Chair Sherry 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:                                     |                          |                           |                      |              |
| Sti  | reet                     | City                      | State                | Zip          |
| Name of Parent(s) or Guard                             | lian(s)                  |                           |                      |              |
| Name and Address of High                               | School                   |                           |                      |              |
| Graduation Date:                                       | C                        | class Rank:               | Class Size: _        |              |
| Name of College You Plan to                            | o Attend:                |                           |                      |              |
| Address of College:                                    |                          |                           |                      |              |
| Date of Enrollment:                                    |                          | Field Major:              |                      |              |
| Name of Sponsoring DAR Cl                              | hapter and Regent:       |                           |                      |              |
| Address, Phone of Chapter                              | Regent:                  |                           |                      |              |
|  | Sch                      | ool Activities and Hono   | ors                  |              |
|  |                          |                           |                      |              |
|  |                          |                           |                      |              |
|  |                          |                           |                      |              |
|  |                          |                           |                      |              |
|  |                          |                           |                      |              |
| STATEMENT OF APPLICANT                                 | [·   have completed the  | a application in full and | have provided all of | the required |
| documentation. I pledge th assistance to further my ed | at the application is ac | • •                       | •                    | ·            |
| Signed:  |                          | Dat                       | te:                  |              |

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

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