2024 PENNSYLVANIA SCHOLARSHIP APPLICATION



Applicant Informa	tion						
Applicant Name :							
Email :	Phone :						
Full Address :							
City:	State : Zip Code :						
Name of Parents or Guardian :							
Name of College or University:							
College or University Address:							
*At	tach a copy of your letter of acceptance						
I hereby affirm that the above is correct and I promise to use the scholarship funds for no other purpose than specified.							
Applicant Signature :	Date:						
DAR Chapter Infor	mation						
DAR Chapter :							
Chapter Regent/Scholarship Chai	rman:						
Address :							
Email:	Phone :						
Chapter Regent/Scholarship Chairman Signature:							
	made by the State Scholarship Committee who will then notify only the tions will not be returned. Payment of these scholarships will be placed on ity prior to the fall term.						

OF SERVICE

No affiliation with the Pennsylvania State or National Society DAR is necessary to qualify for these scholarships. DAR members' children are also eligible to apply. Applications must be postmarked to the local DAR chapter by February 15, 2024.

2024 PENNSYLVANIA SCHOLARSHIPS



APPLICATIONS MUST BE POSTMARKED TO THE LOCAL DAR CHAPTER BY FEBRUARY 15, 2024

2024 Scholarships / Please select only one

PENNSYLVANIA STATE SOCIETY DAR STUDENT SCHOLARSHIP

This scholarship is available to any high school senior residing in Pennsylvania who is graduating from a secondary school that is registered, accredited, approved or licensed through the Pennsylvania Department of Education. The applicant must provide a copy of their acceptance into an accredited program at a college/university. Eligibility for this scholarship is not limited to a specific field or area of study.

LOUISE V. NELSON NURSING SCHOLARSHIP

This scholarship is available to any high school senior residing in Pennsylvania who is graduating from a secondary school that is registered, accredited, approved or licensed through the Pennsylvania Department of Education. The applicant must provide a copy of their acceptance into an accredited nursing program at a hospital or college/university.

MARY REIDER AMERICAN HISTORY SCHOLARSHIP

This scholarship is available to any high school senior residing in Pennsylvania who is graduating from a secondary school that is registered, accredited, approved or licensed through the Pennsylvania Department of Education. The applicant must provide a copy of their acceptance into a course of study in American History at an accredited college/university.

ELIZABETH W. WATKINS STEM SCHOLARSHIP

This STEM scholarship is available to any high school senior residing in Pennsylvania who is graduating from a secondary school that is registered, accredited, approved, or licensed through the Pennsylvania Department of Education. The applicant must provide a copy of their acceptance into a course of study in science, technology, engineering, or mathematics at an accredited college/university.

Application Materials and Submission Order

- Completed Pennsylvania DAR Student Scholarship Application Form
 Copy of acceptance letter to the college or university you will attend in the fall
 Completed Financial Need Form
 School Recommendation Form (completed by the Principal or School Counselor)
 Two (2) personal letters of reference (non-relatives, in addition to School Recommendation)
 Personal Essay on why a post-secondary education is important to you (max 350 words)
- Student Desume (incl. academic honors/awards extra-curricular activities employment
- Student Resume (incl. academic honors/awards, extra-curricular activities, employment, etc.)
- Official High School Transcript (School Profile is not required)
- Results of SAT and/or ACT (if not reported on Official Transcript)
- Signature of Chapter Regent or Chapter Scholarship Chairman

FINANCIAL NEED FORM



APPLICATIONS MUST BE POSTMARKED TO THE LOCAL DAR CHAPTER BY FEBRUARY 15, 2024

Parent		C		
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	Father/Guardian	Mother/Guardian
Name :		
Employer :		
Taxable income as reported on prior year's tax return:		
Non-taxable income as reported on prior year's tax return:		
Assets:		
Savings:		
Home Equity:		
Other Real Estate or Investments:		
Farm or Business:		
What will you be able to o	contribute towards your education?	
Estimated Education Cos	ts:	
Tuition and Fees:		
Room and Board:		
Books and Supplies:		
Other Costs (List):		
Household Information		
Number of Dependents:	How many will be in college during the year of the	scholarship grant?
Please add any additional inform	nation concerning the financial assets and obligations whi	ich would explain your need for financial assistance :
Father/Guardian Signature :		Date:
Mother/Guardian Signature:		Date:
Applicant Signature :		Date:

SCHOOL RECOMMENDATION FORM



Applicant Name:
Name of College or University :
College or University Address:
our Name and Title:
How long have you known the applicant and in what context?
our assessment of the applicant's personal characteristics.
our assessment of the applicant's motivation toward higher education.
Comments or other pertinent information which you feel would enhance the selection of this applicant. We welcome information that will help us differentiate this applicant from others.
Signature : Date :