

## JOHN PAUL CHAPTER DAR SCHOLARSHIP APPLICATION

Amount \$300.00

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Name of Applicant Email Address

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Permanent Address Telephone #

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School you plan to attend Major area of study

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High School Class rank/class size Cumulative GPA/Scale

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Test Scores SAT ACT

If you are a winner, the DAR Scholarship Committee would like to send an article to the local newspaper. Completion of the above section is an agreement to allow the Scholarship Committee to use information from your application for publicity release.

**INSTRUCTIONS:** Your application package must be complete and arranged in the order listed below. All transcripts, letters of recommendation and other required documents must be sent to the Committee Chair **postmarked by the deadline in a single mailing. Typewritten applications and statements are preferred. DO NOT SUBMIT A PERSONAL PHOTOGRAPH.** Selection process for DAR scholarship is conducted without regard to age, race, religion, gender, national origin or disability.

1. Scholarship application (this page)
2. Financial Need Form
3. Statement from applicant of 500 words or less describing what your background demonstrates that you are committed to promoting the fundamental ideas for which our country stands.
4. Transcript of high school grades which must include class rank/class size and test scores.
5. List of extra-curricular activities, honors received, scholastic achievements or other significant accomplishments or activities including community contributions and jobs held. Use one side of 8 1/2 x 11 paper. Maximum of 2 (two) pages.
6. Dated, signed letters of recommendation from at least two, but not more than four persons in authority. May be from school personnel, community leaders, etc. Letters may cover applicant's abilities, work habits, integrity, character, need, and potential.
7. Photocopy of applicant's birth certificate or naturalization papers. Cover the photograph if copying naturalization papers.
8. Application package should be stapled in the top left-hand corner. Number of pages in application package must not exceed 15.

Application package must be postmarked by **APRIL 26, 2024.**

Mail application package to:

**Ann Roller  
720 West Second St.  
Madison, IN 47250**

**DAR SCHOLARSHIP FINANCIAL NEED FORM**

*(Non-married students independent of parents substitute self in place of mother/father at top of form and in statement section below.)  
(Married students substitute spouse/self in place of mother/father and so indicate.)*

**FATHER OR GUARDIAN:**

**MOTHER:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Other sources of income or financial aid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ages of dependent children (note those may be attending college at the same time as applicant):  
\_\_\_\_\_

The parent/guardian shall prepare a statement summarizing the family's obligations and resources. The statement needs to illustrate the applicant's need or financial assistance. Statement follows:

I attest that all information in this application and all attachments are a true and accurate record:

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Applicant